



WATERTOWN, CONNECTICUT
PARKS, RECREATION, SENIOR, & SOCIAL SERVICES
61 ECHO LAKE ROAD WATERTOWN, CONNECTICUT 06795-2629
MAIN OFFICE (860) 945- 5246 FAX (860) 945- 4734



Regarding:
Please Print

Applicants Last Name: _____

Applicants First Name: _____

Applicants Middle Name: _____

Applicants Date of Birth: _____

Applicants Street Address: _____

Applicants Town/City: _____

Applicants Social Security Number: _____

List Any Alias or Maiden Names and Dates of Birth Used:

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this Authorization to Release Information by the above stated agency release and disclose to such agency any and all information or records requested regarding me, including, but not necessarily limited to, criminal information records (if any) and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application to be a volunteer at the agency.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

Signature of Prospective Volunteer

Date