

**Background Check Instructions for Parks & Recreation Department Instructors/Coaches/Counselors**

Thank you foryour willingness to serve as an Instructor/Coach/Counselor for the Parks and Recreation Department. To do so, please first complete and submit the attached application forms.

**Purpose**: To perform an equitable and confidential background check on all Parks and Recreation instructors/coaches/counselors.

1. Following please find a Parks and Recreation Confidential “Background Check Authorization” form. Forms are also available at the Parks and Recreation Department at 7 Mountain Road, Woodbury, CT 06798. The completed form must be returned to the Resident Trooper’s Office at 271 Main Street South, Woodbury, CT 06798.
2. Present the Resident Trooper’s office with picture identification for verification.
3. All applications will be processed by sworn police officers only.
4. All forms will be maintained in a locked file cabinet at the Resident Trooper’s Office in Woodbury.
5. An approval will be emailed to the P&R office with only last name, first name and date approved.

Please call the Parks & Recreation office 203-263-3113 or the Town of Woodbury Human Resources office 203-263-2141 if you have any questions.



**PARKS AND RECREATION DEPARTMENT**

**CONFIDENTIAL**

Background Check Authorization

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (First) (Middle) (Last)

**Former Name(s) and Dates Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address Since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Mo/Yr.) (Street) (City) (State/Zip)

**Previous Address From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Mo/Yr.) (Street) (City) (State/Zip)

**Previous Address From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Mo/Yr.) (Street) (City) (State/Zip)

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver’s License Number/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been convicted of any crime in the State of CT or in any other state? \_\_\_\_\_\_\_\_**

**Do you currently have any criminal complaint pending against you in the State of CT or in any**

**other state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you a registered sex offender in the State of CT or in any other state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby authorize the Town of Woodbury Parks and Recreation Department and its designated agents and representatives to conduct a comprehensive review causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the consumer/investigative report may include but is not limited to the following areas: verification of social security number; current and previous residence’ employment history; education background; character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written to me, the Town of Woodbury Parks and Recreation Department or its agents or representatives. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. The Town of Woodbury Resident Troopers Office and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

**The information contained in this application is correct to the best of my knowledge:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Picture ID Information Verified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Woodbury Resident Trooper Office)