



**TOWN OF POLAND
AUTHORIZATION FOR BACKGROUND CHECK**

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Town of Poland to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am volunteering. I understand that Town of Poland may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteering will not be processed further.

Full Name: _____

Date of Birth: _____

Signature of Volunteer

Date