

**CRIMINAL HISTORY RECORDS BACKGROUND CHECK  
REQUEST FORM**

To foster safety and security of the children who participate in Township recreation programs, it is the policy of the Township of Verona to conduct a criminal history record background check on each prospective and current volunteer/employee participating in any Township endorsed or sponsored programs that provide recreational, cultural, charitable, social or other activities or services for persons younger than 18 years of age. Applicants will be screened for criminal convictions set forth on the attached document entitled "Disqualifying Events".

I, \_\_\_\_\_ residing at \_\_\_\_\_ have read and hereby consent to allow the Township of Verona, through its employees, agent or third parties retained by the Township, to conduct a Criminal History Record Background Check. I understand, acknowledge and consent to the fact that this search requested by the Township is required by the Township. I also understand, acknowledge and consent that if the results of the search reveal a conviction or a guilty plea to any of the crimes listed on the Disqualifying Events, I may be disqualified from serving as a volunteer or employee. I understand that, by executing this form, I am consenting to having an additional records search conducted each time I volunteer to participate in a township-endorsed or sponsored program.

I hereby release and agree to hold harmless the Township of Verona, its agents, employees or other third party, and/or any other person or organization that may provide information.

**PLEASE PRINT CLEARLY: Organization you are coaching:** \_\_\_\_\_

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Full First Name	Middle Name	Last Name
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Date of Birth	Home Phone Number	Work Phone Number
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Current Address – Street Number, Street Name, City, State, Zip Code

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Previous Address (last 5 years) Street Number & Name, City, State, Zip Code

E-mail Address: \_\_\_\_\_  
Social Security Number \_\_\_\_\_

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Signature	Date
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Have you ever been convicted of a crime or disorderly persons offense as listed on the attached form entitled "Disqualifying Events"? \_\_\_\_\_ YES      \_\_\_\_\_ NO

If yes, list crime/offense and date of conviction.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your application. Your cooperation will help us provide a safe and healthy recreation experience for the youth of our community.