

GLOVERSVILLE RECREATION COMMISSION VOLUNTEER APPLICATION

Please return the completed application to

City of Gloversville Recreation Commission
c/o Gloversville City Clerk's Office
Gloversville City Hall
3 Frontage Road
Gloversville, NY 12078

Name: _____

Phone or E-Mail: _____

Brief Description of Skills, Qualifications and Relevant Employment:

List activities you are interested in volunteering for:

By submitting this volunteer application, you are giving approval for the City of Gloversville to conduct a background check to determine your eligibility. Please fill out the form on page 2 and submit with this application.

Thank you for your interest and generosity in volunteering

PRIVACY ACT RELEASE

I, _____, an applicant for volunteering
(please print name)

with the City of Gloversville, New York, acknowledge that I hereby knowingly and voluntarily waive any right to privacy I have under Federal and State Law. I do hereby authorize the Police Department of the City of Gloversville to release any and all information concerning my criminal record or history to the City of Gloversville.

I further agree to indemnify and hold said police department, that provides the requested information, forever free and harmless with respect to any and all damages, claims and causes of actions resulting directly or indirectly from the providing of said information.

I voluntarily agree to cooperate and release from all liability the City of Gloversville, New York and all other persons and companies supplying such information.

PLEASE PROVIDE THE REQUESTED CRIMINAL CONVICTION RECORD TO THE FOLLOWING:

City of Gloversville, New York
Gloversville City Hall
3 Frontage Road
Gloversville, New York 12078

Signature of Applicant: _____

Signature of Witness: _____

Date of Signing: _____

Applicant's Date of Birth: _____

Applicant's Present Address: _____

Applicant's Previous Address: _____

Applicant's Social Security Number: _____