

OCCOA Volunteer Background Check Disclosure and Authorization

Disclosure

The Otsego County Commission on Aging (OCCOA) hereby discloses that it may conduct a background check for the purposes of considering your application for volunteering for the agency.

Authorization

I, _____, hereby authorize the Otsego County Commission on Aging to conduct a background check at any time with the appropriate authorities (courts, police, and Department of Motor Vehicles) upon matters of record regarding my background. The information listed below that is needed to conduct my background check is accurate and complete.

Please Print:

_____	_____	_____
(first name)	(M.I.)	(last name)
_____	_____	_____
(maiden name, if applicable)	(other former name, if applicable)	(other former last name, if applicable)
_____	_____	_____
(date of birth)	(eye color)	(race)

I understand that all information provided/obtained for/through any background checks will be kept strictly confidential.

Today's Date

Your Signature