



# TOWN OF GROTON

## PARKS AND RECREATION DEPARTMENT



MARK BERRY  
DIRECTOR  
MBERRY@GROTON-CT.GOV

27 SPICER AVENUE, NOANK, CONNECTICUT 06340  
TELEPHONE (860) 536-5680 FAX (860) 536-5690  
WWW.GROTON-CT.GOV WWW.GROTONREC.COM

Groton Parks and Recreation Volunteer,

The Town of Groton recently adopted a new policy and procedures concerning background checks for employees and volunteers. The goal was to establish a uniform procedure across all departments in conducting background checks to ensure the highest level of protection to those we are serving.

While the new process requires a bit more administrative work up front, we feel it is important to take these steps to protect our vulnerable population (children, seniors and people with disabilities).

To expedite the background check process the following **steps must be taken**.

- **All sections of the form must be filled in.** If a section does not apply it must be filled in with N/A.
- There must be a **minimum of two references**. Family references are not acceptable
- The **form must be signed**.

If you fail to follow the steps above the form will be returned and will delay processing.

Thank you for volunteering, without your support we would not be able to provide the program and services we do.

*Never doubt that a small group of thoughtful,  
committed citizens can change the world;  
indeed, it's the only thing that ever has.*

*Margaret Mead*

Sincerely,

Mark Berry  
Parks and Recreation Director



# TOWN OF GROTON

45 Fort Hill Rd.  
Groton, CT 06340

## Volunteer Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Driver's License Number/Issuing State: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Bs) \_\_\_\_\_

#### Work Status

- Student (Provide school name) \_\_\_\_\_  
 Retired

Employed PT (Provide employer name) \_\_\_\_\_

Employed FT (Provide employer name) \_\_\_\_\_

Other (Provide explanation) \_\_\_\_\_

#### Preferred Volunteer Program(s):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Coaching       | <input type="checkbox"/> Golf Course          | <input type="checkbox"/> Community Emergency Response Team |
| <input type="checkbox"/> Library        | <input type="checkbox"/> Parks and Recreation | <input type="checkbox"/> Other (Provide explanation) _____ |
| <input type="checkbox"/> Senior Center  | <input type="checkbox"/> Adopt a Highway      | _____  |
| <input type="checkbox"/> Human Services |   | _____  |

Please list any relevant work and/or volunteer experience:

Please list any special skills, training, interests or hobbies:

Certifications:  CPR (Date: \_\_\_\_\_)  First Aid (Date: \_\_\_\_\_)

|   |   |  |
|---|---|--|
| <b>Available Days:</b><br><input type="checkbox"/> Sunday<br><input type="checkbox"/> Monday<br><input type="checkbox"/> Tuesday<br><input type="checkbox"/> Wednesday<br><input type="checkbox"/> Thursday<br><input type="checkbox"/> Friday<br><input type="checkbox"/> Saturday | <b>Available Hours:</b><br><input type="checkbox"/> Morning _____<br><input type="checkbox"/> Afternoon _____<br><input type="checkbox"/> Evening _____ | <b>Please Select:</b><br><input type="checkbox"/> Winter<br><input type="checkbox"/> Summer<br><input type="checkbox"/> One Time Project |
| <b>When will you be available to begin to volunteer?</b>  |   |  |

| Personal References: |           |       |
|----------------------|-----------|-------|
| Name                 | Telephone | Email |
| 1.                   |           |       |
| 2.                   |           |       |

| Work-Related References: |           |       |
|--------------------------|-----------|-------|
| Name                     | Telephone | Email |
| 1.                       |           |       |
| 2.                       |           |       |

How did you hear about the volunteer program? \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

I understand and agree that as a volunteer I am expected to comply with all applicable Town policies, including, but not limited to, confidentiality.

I agree to reimburse, hold harmless and indemnify the Town of Groton from and against any claims, losses, expenses, (including reasonable attorney's fees) suits and judgments against me arising out of my acts or omissions as a Volunteer.

I certify that the information that is provided on this application is complete and true. I further acknowledge that falsification or omission of any information presented or requested on this application and/or during the interview process may result in rejection of or dismissal from a volunteer position.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|  |
|--|
| <p><b>For Applicants under age eighteen (18), a parent/guardian signature is required.</b></p> <p>I give permission for _____ to volunteer for the Town of Groton and to be photographed in relations to his/her position.</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>Parent/Guardian Name: _____ (Please print)</p> |
|--|

|   |  |   |              |  |            |                      |        |        |   |                           |       |
|---|--|---|--------------|--|------------|----------------------|--------|--------|---|---------------------------|-------|
| I, _____ do hereby authorize the Department of Children and Families to research<br><i>Applicant Name</i>   |  |   |              |  |            |                      |        |        |   |                           |       |
| its records to determine whether or not I am on the central registry of persons responsible for child abuse and neglect I understand that this information may be used to determine my suitability solely for <i>(check one)</i> :                                  |  |   |              |  |            |                      |        |        |   |                           |       |
| <input type="checkbox"/> Employment <input type="checkbox"/> Day Care <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Mentor <input type="checkbox"/> Other:  |  |   |              |  |            |                      |        |        |   |                           |       |
| Name of Agency:   |  |   |              |  | Attention: |                      |        |        |   |                           |       |
| Address: (No. and Street):  |  |   | Apartment #  |  | City:      |                      |        | State: |   | Zip:                      |       |
| I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Department. of Children and Families in their search. |  |   |              |  |            |                      |        |        |   |                           |       |
| Last Name   |  | First Name:   |              |  | Middle:    |                      | DOB:   |        | SS:   |                           |       |
| Address: (No. and Street):  |  |   | Apartment #: |  | City:      |                      | State: | Zip:   | Years at current address?:<br>Years      Months |                           |       |
| Previous Address(es)/List All for the Last Five Years <i>(continue on reverse side of form if necessary)</i> <input type="checkbox"/> Check if reverse side used  |  |   |              |  |            |                      |        |        |   |                           |       |
| Address: (No. and Street):  |  |   | Apartment #: |  | City:      |                      | State: | Zip:   | Dates From:<br>(Month/Year)                     | Dates To:<br>(Month/Year) |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
| Other Names I have Used – <i>Including Maiden, Previous Marriages(s) (continue on reverse side of form if necessary)</i> <input type="checkbox"/> Check if reverse side used  |  |   |              |  |            |                      |        |        |   |                           |       |
| Last Name   |  | First Name:   |              |  | Middle:    |                      | DOB:   |        | SS:   |                           |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
| Name of Spouses/Other Adults in the Home – <i>Past and Present (continue on reverse side of form if necessary)</i> <input type="checkbox"/> Check if reverse side used  |  |   |              |  |            |                      |        |        |   |                           |       |
| Last Name   |  | First Name:   |              |  | Middle:    |                      | DOB:   |        | Signature (if still in Home)                    |                           | Date: |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
| Names of ALL Child(ren) – <i>Biological, Stepchildren Including Adult Children In or Out of the Home</i> <input type="checkbox"/> Check if reverse side used  |  |   |              |  |            |                      |        |        |   |                           |       |
| Last Name   |  | First Name:   |              |  | Middle:    |                      | DOB:   |        | Gender:   |                           |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
|   |  |   |              |  |            |                      |        |        |   |                           |       |
| Do you have an active DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No      Do you have an active appeal of a DCF investigation at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |  |   |              |  |            |                      |        |        |   |                           |       |
| Applicant Signature:  |  |   |              |  |            |                      |        | Date:  |   |                           |       |
| THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. FORMS NOT FILLED OUT COMPLETELY AND / OR CLEARLY WILL BE RETURNED. DO NOT LEAVE ANY BLANK SPACES. PLEASE SPECIFY WITH N/A IF NOT APPLICABLE.   |  |   |              |  |            |                      |        |        |   |                           |       |
| ****DCF Conducts a Search of the CT Registry ONLY*** The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF   |  |   |              |  |            |                      |        |        |   |                           |       |
| <b>Mail to: DCF Careline Background Searches – 505 Hudson Street – 5<sup>th</sup> Floor – Hartford, CT 06106 or FAX: 860-560-7071</b><br><i>DCF-CT Careline CPS-BGC USE ONLY - DO NOT WRITE BELOW THIS LINE</i>   |  |   |              |  |            |                      |        |        |   |                           |       |
| Date:   |  | Central Registry?: <input type="checkbox"/> Yes <input type="checkbox"/> No |              |  |            | Processors Initials: |        |        |   |                           |       |



## Town of Groton

# Disclosure Regarding Background Investigations

**Under a federal law called the Fair Credit Reporting Act, we are required to disclose information to you concerning our conducting background checks.**

Town of Groton (the “Company”) may obtain information about you from a consumer reporting agency for the purpose of either hiring you or if you have been hired, retaining you in employment. This means you may be the subject of a “consumer report” (a background report) or “investigative consumer report” which may include information concerning your character, mode of living, general reputation, personal and/or work characteristics, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal records information, education information and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, worker’s compensation history. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. Our organization uses the firm of Research Services 4 Brothers LLC (the “Consumer Reporting Agency”) to obtain and report this information to us. The Consumer Reporting Agency may be reached at 124 Simsbury Rd, Avon, CT 06001, by e-mail [contact@rs4b.net](mailto:contact@rs4b.net), and by telephone 860-678-0066. You have the right upon your written request made in a reasonable period of time after receipt of this notice, to ask if a consumer report has been made about you and the nature and scope of any investigative consumer report and to request a copy of the report.

The background check will only be conducted with your written authorization using a separate document.

**Your signature below indicates that you have received this notice:**

**First Name** \_\_\_\_\_

**Middle** \_\_\_\_\_

**Last Name** \_\_\_\_\_

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



## Town of Groton

### Authorization to Conduct Background Investigations

I acknowledge that I have received a **Disclosure Regarding Background Investigations** which informed me that as part of the decision to hire me or retain me in employment if hired, I may be the subject of a “consumer report” (a background report) or “investigative consumer report” which may include information concerning my character, mode of living, character, general reputation, personal and work characteristics, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker’s compensation injuries. This information may involve personal interviews with sources such as my neighbors, friends and associates. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. This information may be obtained my past or present employers; learning institutions, including colleges and universities; any law enforcement agency; federal, state and local courts; the military; credit bureaus; testing facilities; insurance companies, motor vehicle records agencies; worker’s compensation commissions and agencies all other public sector repositories of information;

The organization to which I am applying uses the firm of Research Services 4 Brothers LLC (the “Consumer Reporting Agency”) to obtain and report this information.

#### Authorization

I hereby authorize the obtaining of information as described above needed for the development of “consumer reports” and/or “investigative consumer reports” about me at any time after the receipt of this authorization, and if I am hired, throughout my employment. To this end, I also authorize the following agencies and entities to disclose to the Consumer Reporting Agency and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; any law enforcement agency; federal, state and local courts; the military; credit bureaus; testing facilities; insurance companies, motor vehicle records agencies; worker’s compensation commissions and agencies all other public sector repositories of information; Such information that can be disclosed to the Consumer Reporting Agency and its agents.

**First Name** \_\_\_\_\_

**Middle** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Signature of Releasor** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Town of Groton

### Background Check Information

The information requested below is collected solely for the purpose of aiding the Company you have applied to in connection with your application for employment. Please provide the information below to assist in conducting a thorough background check.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Enter Any Other Names Used (Including Maiden Names)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Last Used: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Last Used: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Last Used: \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/Y) Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License # \_\_\_\_\_ State Issued In \_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Addresses Used within the last 7 years (Use separate sheet if needed)

• **Present** Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

• **Previous** Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

• **Previous** Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Last School/College Attended \_\_\_\_\_ State \_\_\_\_\_ Last Year attended \_\_\_\_\_

Did you graduate? Yes / No If yes, circle one GED / Diploma / Degree

What Name did you Graduate Under? \_\_\_\_\_

**For Employer Use only** Requested by Nathan Caron, Human Resources, Town of Groton, CT

Phone Number 860-441-6622 Fax Number 860-441-6625

Criminal (Indicate states) \_\_\_\_\_ Driver's History \_\_\_\_\_ Employment \_\_\_\_\_

Education \_\_\_\_\_

Social Security \_\_\_\_\_ Sex Offender Registry \_\_\_\_\_ Credit Report \_\_\_\_\_ National

Criminal \_\_\_\_\_

Fax to **860-678-1996** or **860-678-0099** Email: **contact@rs4b.net**

## STATE DISCLOSURES

### This page is for your records

**CALIFORNIA:** You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. The Consumer Reporting Agency can answer questions about the information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

**MAINE:** If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting Agency. You will get this information within 5 business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for a free copy of the report.

**MARYLAND:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**MASSACHUSETTS/NEW JERSEY:** If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from the Consumer Reporting Agency. You may inspect and order a free copy of the report by contacting the Consumer Reporting Agency.

**MINNESOTA:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

**NEW YORK:** If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from the Consumer Reporting Agency, and you will be provided with the name and address of the Consumer Reporting Agency. You may inspect and order a free copy of the reports by contacting the Consumer Reporting Agency. By signing below, you certify you have received a copy of **Article 23A** of the New York Correction Law is being provided with this form.

**OREGON:** If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**WASHINGTON STATE:** If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask the Consumer





Reporting Agency for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your creditworthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

**This page is for your records**