



7. Personal References:	Phone:	Email:
1.		
2.		
3.		

8. I hereby authorize Meals on Wheels of Lamoille County and its designated agents and representatives to conduct a comprehensive review of my background causing a report to be generated for employment and/or volunteer purposes. I understand that the scope of the report may include, but is not limited to the following areas:
- Vermont Adult Abuse Registry
 - Vermont Child Protection Registry
 - Vermont Criminal Convictions Records
 - Office of Inspector General Exclusions Database

Drivers License #	State	Expiration Date

Meals on Wheels of Lamoille County and its representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Meals on Wheels of Lamoille County represented requesting this background check:

Print Name: _____

I attest that the information contained in this application is correct to the best of my knowledge.

Signature Applicant/Volunteer

Date

Photo Release:

I hereby give Meals on Wheels of Lamoille County Permission to use my name and/or photo in any media from, written or electronic. I hereby release Meals on Wheels of Lamoille county, their program, staff, volunteers, and board of directors from any liability in connection with use of my name and/or photo. I understand that this release a consent are of a voluntary nature and no financial arrangements are involved

Signature Applicant/Volunteer

Date

Signature MOWLC Representative

Date