

CONSENT TO PERFORM BACKGROUND

John Bunker Sands Wetland Center, Inc.

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SS#: _____ - _____ - _____

| | <u>Name/City/State</u> | <u>Years Attended</u> | <u>Graduated (Y/N)</u> | <u>Degree</u> |
|--------------|------------------------|---------------------------|----------------------------|---------------|
| High School: | _____ | _____ | _____ | _____ |
| | _____ | | | |
| College: | _____ | _____ | _____ | _____ |
| | _____ | | | |

I understand and agree that it is necessary for the John Bunker Sands Wetland Center, Inc. to verify the information provided in my steward application.

I also understand that such verification may include an inquiry into my credit history and public record information.

I authorize the release of the aforementioned information to the John Bunker Sands Wetland Center provided this information is kept confidential and is used solely for the purpose specified herein. I understand that information on the nature and scope of this inquiry is available upon written request, and I agree to release all persons and companies requesting or supplying information with respect to this inquiry from all liabilities.

“I CERTIFY THAT THE FACTS CONTAINED IN THIS CONSENT DOCUMENT, MY APPLICATIONS AND INTERVIEW ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS CONSENT DOCUMENT, APPLICATIONS OR INTERVIEW SHALL BE GROUNDS FOR TERMINATION OF VOLUNTEER DUTIES.”

SIGNATURE OF APPLICANT

DATE

John DeFillipo, Director, John Bunker Sands Wetland Center