YELLOW SPRINGS POLICE DEPARTMENT

SAFETY VILLAGE

Village of Yellow Springs Pre-Volunteer Application

I have read and understand the Village of Yellow Springs Volunteer Policy and authorize the Village of Yellow Springs to obtain and a background check concerning me.

I also consent to have any legally required notices sent electronically.

PERSONAL DATA

Last Name: _____First Name _____M.I.___

Current Street Address: _____

City, State, Zip: _____ Dates Lived Here:_____

Social Security Number: _____ DOB: _____

Driver's License #: _____Driver's License State: _____ Exp. date: _____

Email: _____

I have the right to make a request to the Village of Yellow Springs Volunteer Coordinator, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information and the recipients of any reports on me which has previously been furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

_____

Printed Name Applicant Signature Date

If Applicant is a minor:

_____

Printed Name of Parent or Guardian Parent or Guardian Signature Date