



Youth Program Application

New York-New Jersey Trail Conference
156 Ramapo Valley Road, Mahwah, NJ 07430
Ph: 201.512.9348 email: volunteers@nynjtc.org

RELEASE

Please read and initial each item below.

- a. ____ I hereby give permission to the New York-New Jersey Trail Conference to verify the information I have provided, and to obtain information relating to my background through the appropriate agencies. I understand this information may be used to determine my eligibility for an employment or volunteer position with any Trail Conference Youth Program. I understand that any information received may not be disclosed to me, and I waive any right I may have to inspect any information provided about me. I agree to indemnify and hold harmless the New York-New Jersey Trail Conference, its employees, volunteers and representatives from any action related to the verification of this information.
- b. ____ I acknowledge that I have received and read the New York-New Jersey Trail Conference's Youth Policy, and that I understand it. I agree to comply with the guidelines set forth in the policy.
- c. ____ I certify and affirm that I have no past conviction of, or pending proceeding addressing an allegation of child abuse or neglect; and that the information I have given is true, complete and correct in all respects.

Applicant's Signature: _____

Date: _____

Print Full Name: _____

Member #: _____

Address: _____

Phone: _____

DISCLOSURE

As part of our volunteer background investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.



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AUTHORIZATION TO RELEASE INFORMATION

I, _____
Last Name First Name Middle Name

Current Address _____ Dates Lived Here _____

Addresses for the Past Seven Years: (street, city, state, zip code) _____ Dates of Residence: _____

Date of Birth _____ Other Names Used (including maiden name) _____ Years Used _____

Social Security Number _____ Driver's License # _____ State _____

Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

****I hereby do ___/do not___ authorize you to contact *my current* employer for Employment and Reference Verifications.**

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to IntelliCorp Records, Inc, 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 IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name _____ Applicant Signature _____ Date _____

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: Please check here ___ if you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report. This report may include character and reputation information obtained through personal interviews.

MASSACHUSETTS APPLICANTS ONLY: Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any of the questions seeking criminal record information.