



**Township of Little Egg Harbor  
665 Radio Road  
Little Egg Harbor, NJ 08087**

**Application for Volunteer**

	DATE: _____		
NAME:	_____		
	LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS:	_____		
	STREET		
	_____		
	CITY	STATE	ZIP CODE
PHONE #:	(____) _____		

E-MAIL ADDRESS:

\_\_\_\_\_

**\*All Volunteers must have a background check completed. Please provide your current e-mail address. You will receive an e-mail that will request you to provide your information and consent for the background check to be completed.**

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LITTLE EGG HARBOR TOWNSHIP**

**ACKNOWLEDGMENT AND AUTHORIZATION  
FOR BACKGROUND CHECK**

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by Little Egg Harbor Township and its consumer reporting agency Veritable Screening ("Agency"). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Little Egg Harbor to procure such reports at any time during, as permitted by law, my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I specifically authorize the obtaining of the following reports, but not limited to: names and dates of previous employers, work experience, education, publicly available social media, accidents, licensure, credit, my driving record (which will include all or part of the following information: photograph, social security number, driver's license number, your name, your address and medical or disability information, including drug/alcohol testing and infectious disease testing), workers' compensation claims, judgments, bankruptcy proceedings, evictions, and criminal records [criminal information/criminal history].

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights

I authorize Little Egg Harbor and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. I also authorize the use of electronic signatures. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

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

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