

Background Verification

Sheriff's Department

Date

Volunteer Position

Records Division
Clinton County Sheriff's Department
Plattsburgh, NY 12901

Applicant

Address

Date of Birth

City, State, Zip Code

I understand that consideration for volunteerism is contingent upon the results of a reference and background check. I therefore authorize CVPH Medical Center to contact the Sheriff's Office to conduct such investigation as it judges necessary to determine my qualifications and suitability for volunteerism, including a check of public and criminal records.

I hereby authorize the release of all information pertaining to any arrests, convictions and pending criminal matters that I have been involved in. I further release from liability the Clinton County Sheriff's Department or other persons contacted by and providing information to CVPH Medical Center.

Applicant's Signature

Social Security Number

Date

We appreciate your cooperation in this matter. Space is provided below for your response. All information received will be treated confidentially. If you have any questions, please contact Sandra Geddes, 562-7595.

CVPH Medical Center
Volunteer Office
75 Beekman Street
Plattsburgh, NY 12901

Comments:

Background Verification

Police Department

Date

Volunteer Position

Records Division
Plattsburgh City Police Department
Plattsburgh, NY 12901

Applicant

Address

Date of Birth

City, State, Zip Code

I understand that consideration for volunteerism is contingent upon the results of a reference and background check. I therefore authorize CVPH Medical Center to contact the Plattsburgh City Police Department to conduct such investigation as it judges necessary to determine my qualifications and suitability for volunteerism, including a check of public and criminal records.

I hereby authorize the release of all information pertaining to any arrests, convictions and pending criminal matters that I have been involved in. I further release from liability the Plattsburgh City Police Department or other persons contacted by and providing information to CVPH Medical Center.

Applicant's Signature

Social Security Number

Date

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Comments: