



Houlton Recreation Department
Marie Carmichael, Recreation Director
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To Whom It May Concern:

While we know the value of volunteers, we also have the responsibility of doing everything in our power to protect those they serve, our children.

With many new volunteers coming on board, we have a procedure that will incorporate a background check. Attached is the information form that needs to be completed for our background check.

In fairness to everyone, all full-time, part-time, and volunteers that participate with the Houlton Parks & Recreation Department/Town of Houlton will have this done.

We will be asking for your authorization to do the check and upon its completion, it will be maintained in a Confidential File located at the Town office. There will be no need to do another check unless there is a change in your status.

Again, information will remain CONFIDENTIAL and shared with no outside parties.

Sincerely,

Marie

Marie Carmichael

Director

Houlton Parks & Recreation Dept.



**MAINE MUNICIPAL ASSOCIATION
BACKGROUND CHECK AUTHORIZATION FORM**

For City of Houlton

I, _____, understand that in order to assess my qualifications for the position of Volunteer/Coach, a full background investigation is necessary. I, therefore, authorize the Maine Municipal Association (for the City of Houlton), to conduct an investigation which may include but not be limited to: verification of information provided by me to the Maine Municipal Association; a financial management check; contacting persons, clients, business associates, professional organizations, educational or other institutions, and government and law enforcement agencies regarding work performance, character references and record history information; contacting employers for performance information; and verifying educational attainment. All the information and materials I have provided to the City of Houlton, as part of the employment process, are accurate and truthful.

Applicant Name: _____
(Please list maiden name or any other names previously used.)

Street Address: _____

Mailing Address: _____

City/Town: _____

State/Zip: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____

Date of Birth _____

Drivers License # _____ State of Issuance _____

Applicant Signature: _____

Date: _____