

**OCCOA Youth Volunteer Background Check
Disclosure and Authorization
(To be completed by a parent/legal guardian)**

Disclosure

The Otsego County Commission on Aging (OCCOA) hereby discloses that it may conduct a background check for the purposes of considering your son or daughter's application for volunteering for the agency.

Authorization

I, _____, hereby authorize the Otsego County Commission on Aging to conduct a background check at any time with the appropriate authorities (courts, police, and Department of Motor Vehicles) upon matters of record regarding my son/daughter's background. The information listed below that is needed to conduct his/her background check is accurate and complete.

Please Print your Son/Daughter's Information:

_____ (first name)	_____ (M.I.)	_____ (last name)
_____ (other former name, if applicable)		
_____ (date of birth)		

I understand that all information provided/obtained for/through any background checks will be kept strictly confidential.

Today's Date

Parent/Guardian's Signature

My Relationship to the youth