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## Volunteer Background Investigation Consent & Release of Liability Form

I, \_\_\_\_\_, hereby authorize **Hartford Public Library** and **The City of Hartford** and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for volunteer service now and, if applicable, during the tenure of my volunteer service with **Hartford Public Library** and **The City of Hartford**.

I release **Hartford Public Library, The City of Hartford** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above-referenced sources used. I further do hereby release and hold harmless **Hartford Public Library** and agree to indemnify and hold harmless **The City of Hartford** from any and all liability, claims or causes of action that may arise from accidents, injuries or illnesses that may occur when I volunteer. I waive any right of action I have against **The City of Hartford** in consideration of my participation as a volunteer for the Library and the City.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (printed): \_\_\_\_\_

Maiden Name and/or other names used:  
\_\_\_\_\_

Present Address \_\_\_\_\_ How long? \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Former Address \_\_\_\_\_ How long? \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ (required for identification purposes only)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

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

*For office purposes only:*

Cleared: \_\_ Yes \_\_ No