

Clewiston Public Library

Permission for Criminal Background Check

Name: _____

Address: _____

City _____ **State:** _____ **Zipcode:** _____

Telephone Number _____

Cell Phone: _____

Email: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

I agree to submit myself to a criminal background check by the Clewiston Public Library and/or the City of Clewiston. I understand that the results of such a criminal background check may result in denial of permission to volunteer at the library. I agree to hold the Clewiston Public Library, the City of Clewiston, and all of their employees harmless for the results of such a criminal background check and any consequences thereof.

signed

date

print full name