

**CONSENT FOR BACKGROUND RECORD CHECK OF
VOLUNTEER**

All current or prospective regular volunteers who volunteer for the Lakeville Haunted House may have the potential for unsupervised contact with children (as defined in 606 CMR 14.00) must complete and sign this Consent form per the Lakeville town administrator.

To be completed by applicant:

Last name, First name Middle Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth

Last Six Digits of Your Social Security Number (Required): _____ - _____

Check one:

Potential Volunteer _____ Current Volunteer _____

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

SIGNATURE

DATE