

TOWNSHIP OF FINDLAY
POLICE DEPARTMENT

WAIVER OF CONFIDENTIAL RECORDS
AND WAIVER OF LIABILITY

Being a volunteer applicant for the Findlay Township/Wilson School Block Parent program, I hereby authorize the Findlay Township Police Department to conduct a background investigation for the purpose of admitting me to the program. I hereby release and indemnify the Findlay Township Police Department, the Municipality of Findlay Township and the West Allegheny School district and all employees of all the aforementioned entities from any harm which may arise as a result of the release, disclosure or discovery of any or all information regarding my background. It is understood that such a background investigation is being conducted for the sole purpose of protecting and preventing any harm to children of our community who may require the services of a block parent.

Permission is hereby given any agency of the government of the United States, any municipal corporation or political subdivision of this state or any other state or agency or department thereof, and any other agency, person, firm, or corporation holding records considered confidential concerning me, to furnish the Township of Findlay Police Department all information desired involving me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the Township of Findlay Police Department.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, or any other personal information which may not otherwise be obtained without any prior agreement.

I further understand some of the information which may be obtained about me will be obtained upon assurance of confidentiality by the Township of Findlay Police Department to the person or persons supplying such information. I understand that this information will become privileged to the Township of Findlay Police Department and will become part of the confidential records of the Township of Findlay Police Department to which I will not have access.

Signature _____ Date _____

Print Name _____ If veteran, give grade held, Service number and branch of service.