

Village of Horseheads Parks and Recreation Department

Background Screening Criteria

A person shall be disqualified and prohibited from serving as a volunteer if the person has been found guilty of the following crimes or offenses:

Guilty means that a person was found guilty following a trial, entered a guilty plea, entered a no contest plea accompanied by a court finding of guilty, regardless of whether there was an adjudication of guilt (conviction) or a withholding of guilt. This does not apply if criminal charges resulted in acquittal, Nolle Prose, or dismissal.

SEX OFFENSES

- **All sex offenses** - Regardless of the amount of time since offense.
Examples include: child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, indecent exposure, etc.

FELONIES

- **All Felony Violence** - Regardless of the amount of time since offense.
Examples include: murder, manslaughter, aggravated assault, kid napping, robbery, aggravated Burglary, etc.
- **All Felony Offenses** other than violence or sex within the past 10 years.
Examples include: drug offenses, theft, embezzlement, fraud, child endangerment, etc.

MISDEMEANORS

- **All Misdemeanor Violence offenses** - within the past 7 years
Examples include: simple assault, battery, domestic violence, hit & run, etc.
- **All Misdemeanor Drug Offenses** - within the past 7 years
Exsmles include: simple drug possession, possession of drug paraphernalia, etc.
- **All Misdemeanor Alcohol Offenses** - multiple offenses within the past 7 years
Examples include: driving under the influence, drunk and disorderly, public intoxication, etc.
- **Any other Misdemeanor** within the past 5 years that would be considered a potential danger to children or is directly related to the functions of that volunteer.
Example include: contributing to the delinquency of a minor, providing alcohol to a minor, theft - if person is handling monies, etc.



VILLAGE OF HORSEHEADS

202 SOUTH MAIN STREET

HORSEHEADS, NY 14845

CLERK'S OFFICE (607) 739-5691

VILLAGE MANAGER (607) 739-5666

FAX (607) 739-3941

www.horseheads.org

Trustees

Patricia Gross

William Goodwin

Mike Skroskznik

Mark Cronin

Mayor Robert Maloney
 Attorney John G. Groff
 Clerk-Treasurer Donna Dawson
 Village Manager Nate Nagle

AUTHORIZATION FOR RELEASE OF INFORMATION

- To:
- Any Educational Institute
 - Any Local, State or Federal Law Enforcement Agency
 - Any Past or Present Employer
 - Any Credit Bureau or Retail Merchants Association
 - Any Insurance Company
 - Any State, Count or Municipal Bureau of Vital Statistics Office

I, _____, have applied for employment with the Village of Horseheads. I am aware that my entire background will be thoroughly investigated, and I hereby authorize and request the release of any and all information you have that concerns me, including academic transcripts and disciplinary matter, to a representative of the Village of Horseheads. The authorization, or reproductions thereof, shall be valid for a period of one year from the date of execution of this document.

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Signed this date, the _____ of _____, 20____.

Witness Signature

Applicant Signature

Address