



## 2019 Volunteer Background Check and References Form

Please complete the following fields to give permission to the Bicycle Coalition of Maine to perform a background and driving records check for you prior to the BikeMaine ride.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Area(s) of interest for volunteering: \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

**References:** The Bicycle Coalition of Maine may contact references for volunteers who are not known to our organization. Please list at least two persons who can comment on your character and abilities, whom we may contact if necessary. This may include friends, neighbors, or BCM staff or board members.

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **BACKGROUND:**

Have you ever been charged with or investigated for sexual abuse or harassment of another person?	Yes___ No___
Have you ever been convicted of a crime (other than a minor traffic offense)?	Yes___ No___
Have you ever entered a plea of guilty or "no contest" (nolo contendere) to any crime (other than a minor traffic offense)?	Yes___ No___

***If you answered YES to any of the previous questions, provide full details below (attach additional page(s) if necessary).***

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I understand that the **Bicycle Coalition of Maine** may conduct reference and criminal records checks on all volunteers, and I authorize persons and entities contacted by the BCM in connection with this application to provide information about me.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**FOR VOLUNTEER DRIVERS ONLY**

The following information is required to conduct a driving records check:

Driver's license state and number: \_\_\_\_\_

Copy of insurance card attached: \_\_\_\_\_

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***OFFICE USE ONLY***

\_\_\_\_ Sex Offender Registry checked by \_\_\_\_\_

\_\_\_\_ References contacted: \_\_\_\_\_

\_\_\_\_ Criminal Record Check Conducted (if deemed necessary by Volunteer Coordinator or Executive Director)

\_\_\_\_ Driving record checked (for volunteer drivers only)

Application approved: \_\_\_\_\_ Event Director: \_\_\_\_\_ E.D. \_\_\_\_\_

Application denied: \_\_\_\_\_

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

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