VOLUNTEER APPLICATION RELEASE FORM

I understand it will be necessary for Elks Aidmore Children's Center to investigate my background, including character references provided by me. I hereby give my consent for this exchange of information and authorize such references to release any information requested by Elks Aidmore Children's Center.

I further authorize agencies, including employers, courts (juvenile and criminal), police departments, social services, and/or any other agencies or persons with whom I have had contact, to release information as requested.

I understand this information will be treated as confidential according to the policies of Elks Aidmore Children's Center.

Applicant's Na Social Security	me (Please print): Number:			
Dated this	day of	, 20	·	
Applicant's Signature	gnature:			

EMPLOYEE/VOLUNTEER PERSONAL AUTO VERIFICATION FORM

ALL EMPLOYEES AND VOLUNTEERS MUST CARRY AUTO INSURANCE IN THE AMOUNT REQUIRED BY THE STATE.

Name of Employee/Volunteer			
Do you have a driver's license? Car insurance? If yes, Insurance agency name	Yes	No	If yes, DL#
Agent's name			Phone
Policy Number			
By signing below, I agree to notify Elks coverage.	Aidmore C	'hildren'	s Center of any changes in my auto insurance
DateSig	gnature		

A copy of your driver's license and insurance card/policy depicting date of issuance, date of expiration and outline of coverage is required.

Georgia Department of Human Resources RECORDS CHECK APPLICATION (See Instructions on Back of Form)

TO BE COMPLETED BY APPLICANT: I. APPLICANT TYPE Director/Manager Owner Agency / Foster Parent Potential Employee Non-Employee (Having regular contact with children, i.e. volunteer member) 2. Print Full Name (Last) (First) (Middle) (Date of Birth) (Maiden) (Sex) (Race) (Social Security Number) (Place of Birth) (Height) (Weight) (Eyes) (Hair) (Home Telephone Number) (Home Address) (Street) (City) (State) (Zip) (required) E-mail Address 3. I hereby authorize the Department of Human Resources/Office of Investigative Services and my potential employer named below to receive any criminal history record information pertaining to me which may be in the files of any criminal justice agency. As required by law, I have attached an affidavit disclosing the nature and date of any arrest, charge, and conviction for the violation of any law in any state, except for motor vehicle parking violations. (Notary) (Applicant Signature) Notary Public , Georgia My Commission Expires _ (County) (Date) TO BE COMPLETED BY DIRECTOR/OWNER: PLEASE PRINT CLEARLY (Name of Facility) (Mailing Address) (City) (County) (State) (Zip Code) 5. TYPE OF FACILITY: (CHECK ONE) Residential Child Care Institution/ ☐ Child Placing Agency (Foster Families)

6. My signature indicates that I, as Director/Owner, have verified the identifying information on the above applicant by checking a picture identification and other documentation as required.

(Director/Owner) (Date) (Telephone of Facility) (required)

(PRINT Director/Owner's Name)

Outdoor Therapeutic Treatment Programs

E-mail Address

Georgia Bureau of Investigation Georgia Crime Information Center

Rockdale County Sheriffs Sept.

Consent Form

I hereby authorize	Elks aidmor	e elne	
to receive any Georgi	ia criminal history reco	ord information pertaining to me all criminal justice agency in Georg	gia.
Full Name (Print)			_
, ,			
Address			_
Sex Race	Det of Pivil		_
Sex Race	Date of Birth	Social Security Number	
Signature	·	Date	_
Special employment	provisions (check if a		
() Employment wi	th mentally disabled (I	Purpose code 'M')	
(// Employment wi	th elder care (Purpose th children (Purpose c	ode 'W')	
() Employment wi () Employment wi	th criminal justice ages th criminal justice ages	ncy – non-sworn (Purpose code 'J' ncy – sworn (Purpose code 'Z'))
One of the following m	ıst be checked:		
() This authorization	is valid for 90/180	(circle one) days from date of signs	ature.
periodic criminal h	nistory background check	give consent to the above named to pe as for the duration of my employment	erform with this
Notary Signature		Notary Expiration Date/Seal	

Elks Aidmore PRE-EMPLOYMENT INQUIRY RELEASE (CONFIDENTIAL)

This form must be filled out so that a consumer report (credit, education verification, MVR, criminal background check and previous employment) or an investigation consumer report may be made. All questions must be filled out completely and accurately. Incomplete or inaccurate information may lead to rejection of your application. Information found to be false can also lead to rejection of your applicant and, if hired, to discipline, or termination.

· (PRINT CLEARLY AND COMPLETE IN BLACK INK)

Applicant Name:	(First)	(Middle)	(Last)	(Maiden)
Address:			<u> </u>	
City:		State:	Zi	p:
Please list your curi seven years, also, lis your current one.	rent county of resi st the other county	State: dence. If you have not lived (s) you have lived in during	l in your current of the last seven yes	county for the pas ars along with
1)Current		2) Previous	Country	State
County	State	2) Previous 2) Previous	County	State
		5) 110 10 10		
Drivers License #	<i>‡</i> :		State:	····
Social Security N	lumber:		· ·	
		Race:		
Applicant's Signate	ire OYMENT – Start	with Present or Last Positi		
	ire OYMENT – Start	with Present or Last Positi		ployment/Title
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