

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 Name (Please print): _____
Social Security Number: _____

Dated this _____ day of _____, 20____.
Applicant's Signature: _____

**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? Yes No If yes, DL# _____

Car insurance? Yes No

If yes, Insurance agency name _____

Agent's name _____ Phone _____

Policy Number _____

By signing below, I agree to notify Elks Aidmore Children's Center of any changes in my auto insurance coverage.

Date _____ Signature _____

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:

1. 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) (Maiden) (Date of Birth)

(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
(County)

My Commission Expires _____
(Date)

TO BE COMPLETED BY DIRECTOR/OWNER: PLEASE PRINT CLEARLY

4. _____
(Name of Facility)

(Mailing Address)

(City) (County) (State) (Zip Code)

5. TYPE OF FACILITY: (CHECK ONE)

- Residential Child Care Institution/
Outdoor Therapeutic Treatment Programs 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)

(PRINT Director/Owner's Name)

E-mail Address (required)

Georgia Bureau of Investigation
Georgia Crime Information Center

Rockdale County
Sheriff's Dept.

Consent Form

I hereby authorize Elks Aidmore, Inc
to receive any Georgia criminal history record information pertaining to me
which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable)

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency – non-sworn (Purpose code 'J')
- Employment with criminal justice agency – sworn (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/180 _____ (circle one) days from date of signature.
- I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Notary Signature

Notary Expiration Date/Seal

