

Whitfield County

Board Of Commissioners



Board Members

Mike Babb, Chairman
Harold Brooker
Lynn Laughter
Gordon Morehouse
Robby Staten

Dear prospective volunteer:

Thank you for choosing Whitfield County as your volunteer opportunity. We appreciate the time you are taking to complete our standard application process.

Whitfield County is committed to providing a safe environment for the public as well as offering all other volunteers the security of knowing that their counterparts are as trustworthy and safety oriented as they are.

In order to meet these safety and security goals, Whitfield County conducts a thorough national background screening. If you are considered for volunteer work, please note that some or all of the following screenings will be performed:

- Criminal records search (national)
- Social security validation
- Driving record
- Address history trace
- Sex Offender Registry

Whitfield County may request additional levels of background screening when appropriate. If there are any issues in your past that need to be resolved before Whitfield County initiates this background screening, please discuss with Brian Chastain, Parks & Recreation Director.

Please complete the enclosed forms and return to the Parks & Recreation Office.

Again, thank you for applying for volunteer work with Whitfield County.

Sincerely,

Jackie Carlo
Director of Human Resources

Employment/Volunteer Work Background Authorization & Release

I hereby authorize **Whitfield County** to obtain any and all information that pertains to my eligibility for employment/volunteer work. This information will include, but is not limited to, arrest and/or criminal records, credit history, driver/motor vehicle abstract, employment verification, education verification and social security number verification. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information. I further authorize the procurement of the above-mentioned reports at *any time* during my employment or contract.

Please Print The Following Information Clearly

Personal Information (List all names used)

Name _____
Last First Middle

Name _____

Name _____

SSN _____ Date of Birth _____ Gender **Male** Race _____

Drivers License Number _____ State Issued _____ Expires _____

Current Street Address _____ City _____ State _____

Zip _____ Phone _____

I state that the information provided is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. My signature releases any liability against **Whitfield County** or its acting agents. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Community: _____

Team Name & Age Group: _____

Please Check Sport Applying For: Baseball Softball Football Cheerleading
 Basketball Other

Signature _____ Date: _____



**GEORGIA CRIME INFORMATION CENTER (GCIC) CRIMINAL HISTORY
RECORD INFORMATION CONSENT FORM**

I hereby authorize WHITFIELD COUNTY District Attorney's Office to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia with the understanding that the results may be used to make a decision affecting my volunteer coaching at _____ community.

Full Name (Printed)

Address

City

State

Zip Code

Male

Sex

Race

Date of Birth

Social Security Number

Signature

Date



Department of Motor Vehicle Safety

Driver Services Division

Attn: MVR Unit P.O. Box 80447 Conyers, Georgia 30013 (404) 657-9300

Request for Motor Vehicle Record

Please fill out only the highlighted fields

Requestor Information

Requestor Name	Firm Name
Street Address	City, State Zip Code

Please provide a motor vehicle record (MVR) for the following driver:

Full Name (First Middle Maiden Last)	Date of Birth:	License Number:
Street Address	City, State	Zip Code

Please select either:

Three (3) Year Record (\$5.00) - This request is for a record covering the preceding three (3) years. I have enclosed the **required fee of \$5.00** with this application.

Seven (7) Year Record (\$7.00) - This request is for a record covering the preceding seven (7) years. I have enclosed the **required fee of \$7.00** with this application.

For mail-in requests, include a self-addressed, stamped business size envelope.

Notice - You must certify below that the purpose for this record request is either for **insurance underwriting** or for one of the other stated purposes.

Insurance Underwriting Use Certification

This record is for insurance underwriting purposes. I certify that the requested driver record is to be used for the underwriting of insurance and will be used for no other purposes. I further certify that there is on file with this company an application for insurance.

Requestor's Signature

Date

Credit, Employment, or Other Use Certification

This record is requested for the following purpose(s)? Credit - Employment - Other Purpose

In accordance with OCGA §40-5-2, I do hereby authorize the requestor named above to procure a copy of my driver's license history.

Licensee Signature (Must be notarized)	Date	Notary Signature and Seal Here
Requestor Signature	Date	

Before mailing this request be sure you have included the appropriate fee and a self-addressed, stamped business size envelope. **MAIL CASHIER'S CHECK OR MONEY ORDER, NO PERSONAL CHECKS ACCEPTED.**