Oconee County Parks and Recreation Department
Criminal History Check Consent/Release Form

A copy of a state or federally issued photo ID is required.

Applicant Information:

First Name _____ Middle Name _____ Last Name _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Social Security Number: _____ - _____ - _____ Birthdate: ___ / ___ / _____
Month Day Year

Sex: (Circle One) Male Female Race: _____

GCIC : Special employment provision: X Employment with children (Purpose code 'W')

I, the undersigned, authorize and give consent for the above named organization to obtain information regarding myself to include the following:

- Criminal History records/information
- Employment records/employer references
- Driver's license check
- Training/experience
- Personal references
- Addresses

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name _____ Signature _____ Date _____

OCPRD MUST HAVE ORIGINAL FORM WITH ORIGINAL SIGNATURE TO PROCESS

COPIES, FAXES, SCANS, ETC. ARE NOT PERMITTED

Updated 3/29/2012