



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

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: _____	

I, _____, 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