

Name-Based Criminal History Record Information Consent/Inquiry Form – Volunteers

Please include a copy of your Driver's License

I hereby give consent for the Oconee County Sheriff's Office to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

I hereby authorize Oconee County Parks and Recreation Department to receive any Georgia criminal history information that this criminal history record check uncovers.

Please complete highlighted areas

Full Name (Print)			
	First Name	Middle Name	Last Name
Address			
	Street Address	City	State Zip Code
Sex Male/Female	Race	Date of Birth Month/Day/Year	Social Security Number - -

This authorization is valid for 180 days from date of signature.

I, (Print Name) give consent to the above named business entity to perform periodic criminal history background checks for the duration of my volunteerism with the stated company.

Signature

Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code used: (check one) **TO BE COMPLETED BY OCSO**

	Employment (E) – Provides Georgia Criminal History Record Information
	Employment with Mentally Disabled (M) – Provides Georgia Criminal History Record Information
	Employment with Elder Care (N) – Provides Georgia Criminal History Record Information
X	Employment with Children (W) – Provides Georgia Criminal History Record Information
	Public Records (P) – Provides Georgia Felony Convictions Only

The inquiry resulted in the following: (check all that apply) **TO BE COMPLETED BY OCSO**

	No Georgia CHRI results available.
	Possible CHRI attached/released.
	No NCIC/GCIC Warrant results available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title

Date