



Pike County Parks & Recreation Authority

P.O. Box 697 Zebulon, Georgia 30295 Office (770) 567-2027 Fax (770) 567-9031

Consent to Conduct Background Check Pike County, Georgia

Full Legal Name: _____

Date of Birth ____/____/____ Phone # _____

Known By Any Other Name? _____

Residence Address:

Street: _____ City: _____

State: _____ Zip: _____

Other residence addresses within the last 5 years:

Social Security Number: _____

Sex: _____ Race: _____

Sport or Activity: _____ Season: _____

Age Group: _____ Team: _____

I, the undersigned, by execution of this document, give the Pike County Parks & Recreation Authority and the Risk Management Committee permission to conduct a background check regarding my qualifications to participate in the Pike County Parks & Recreation Authority's programs. This background check includes, but is not limited to; a records check to determine whether I have ever been convicted of a crime or have a criminal record. I do hereby authorize release, review and disclosure of all records concerning myself, including but not limited to GCIC and NCIC records, to the Pike County Parks & Recreation Authority and the Risk Management Committee.

I certify that any persons who furnish such information shall not be held accountable by me, and I do hereby release all such persons from any liability which may be incurred as a result of furnishing such information. I agree to hold the Pike County Parks & Recreation Authority and the Risk Management Committee harmless regarding any liability for defamation, invasion of privacy or any other claim based on good faith action taken pursuant to the provisions of this consent.

I hereby authorize the Pike County Parks & Recreation Authority and the Risk Management Committee to receive any Criminal/Drivers history record information pertaining to me which may be in the files of any criminal justice agency of any state, federal or local criminal justice agency, in the State of Georgia or elsewhere.

I understand that I have a right to: (1) obtain a copy of any background check report and (2) challenge the accuracy of any information contained in such report upon my request prior to final decision. I also understand that I may be required to submit a classifiable fingerprint card should an initial records check reveal that I have been arrested or convicted or that I am currently charged with any of the above enumerated offenses.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original of my signature.

Applicant Signature _____

This _____ day of _____, _____

Witness Signature _____

This _____ day of _____, _____

Please certify below whether you have been convicted of, punished through means of pretrial diversion, received first offender treatment for, or been sentenced in connection with a plea of nolo contendere, as an adult if you are 22 or older, or been adjudicated for if you are 21 or younger, or if you are currently charged with any of the following offenses (there must be one box checked for each of the thirteen items):

- | | Yes | No | |
|-----|-----|-----|--|
| 1. | ___ | ___ | Any felony |
| 2. | ___ | ___ | Misdemeanor battery or misdemeanor assault when a minor was a victim |
| 3. | ___ | ___ | Cruelty to children |
| 4. | ___ | ___ | Contributing to the delinquency of a minor |
| 5. | ___ | ___ | Any sexual offense |
| 6. | ___ | ___ | Violation of any controlled substances act |
| 7. | ___ | ___ | Any alcohol-related offenses, including but not limited to driving while intoxicated |
| 8. | ___ | ___ | Any offense involving family violence |
| 9. | ___ | ___ | Criminal attempt to commit any above-named offense(s) |
| 10. | ___ | ___ | Any moving traffic offenses other than speeding |
| 11. | ___ | ___ | Any other crime not listed above |

If you answered yes, state the approximate date of the offense, the nature of the offense, the city and state where you committed this offense, and the court which handled your case(s):

I swear that the above information is, to the best of my knowledge, true and correct. I understand that false or misleading information given in this consent form may result in my disqualification.

Applicant Signature _____

This _____ day of _____, _____

Witness Signature _____

This _____ day of _____, _____