

CARROLL COUNTY, GEORGIA
CONSENT TO CONDUCT BACKGROUND CHECK

FULL LEGAL NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____

SOCIAL SECURITY #: _____ SEX: ____ ASSOCIATION: _____

CAPACITY: HEAD COACH _____ ASSISTANT COACH _____ OTHER (LIST) _____

I, _____, BY EXECUTION OF THIS DOCUMENT, GIVE THE CARROLL COUNTY RECREATION DEPARTMENT PERMISSION TO CONDUCT A BACKGROUND CHECK REGARDING MY QUALIFICATIONS TO PARTICIPATE IN RECREATION DEPARTMENT PROGRAMS. THIS BACKGROUND CHECK INCLUDES, BUT IS NOT LIMITED TO, A RECORDS CHECK TO DETERMINE WHETHER I HAVE BEEN CONVICTED OF A CRIME OR HAVE A CRIMINAL RECORD.

BY CIRCLING THE APPROPRIATE LETTER, I CERTIFY THAT I HAVE, HAVE NOT BEEN CONVICTED OF, BEEN ARRESTED FOR, OR AM CURRENTLY CHARGED WITH ANY OF THE FOLLOWING CRIMES:

- H HN 1. SIMPLE BATTERY, WHERE THE VICTIM IS A MINOR.
- H HN 2. AGGRAVATED BATTERY, WHERE THE VICTIM IS A MINOR.
- H HN 3. CRUELTY TO CHILDREN.
- H HN 4. CONTRIBUTING TO THE DELINQUENCY OF A MINOR.
- H HN 5. ANY SEXUAL OFFENSE.
- H HN 6. VIOLATION OF ANY CONTROLLED SUBSTANCE ACT.
- H HN 7. ALCOHOL RELATED VIOLATIONS
- H HN 8. MURDER OR FELONY MURDER.
- H HN 9. CRIMINAL ATTEMPT TO COMMIT ANY ABOVE-NAMED OFFENSE.
- H HN 10. ANY OTHER CRIME THAT BEARS UPON MY FITNESS TO HAVE RE-SPONSIBILITY FOR SAFETY AND WELL BEING OF CHILDREN.

I UNDERSTAND THAT I HAVE A RIGHT TO: (1) OBTAIN A COPY OF ANY BACKGROUND CHECK REPORT, AND (2) CHALLENGE THE ACCURACY AND COMPLETENESS OF ANY INFORMATION CONTAINED IN ANY SUCH REPORT. 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.

I ACKNOWLEDGE THAT THE CARROLL COUNTY RECREATION DEPARTMENT MAY CHOOSE TO DENY ME UNSUPERVISED ACCESS TO A CHILD OR CHILDREN PENDING THE COMPLETION OF THE BACKGROUND CHECK; AND FURTHER AGREE TO HOLD THE CARROLL COUNTY RECREATION DEPARTMENT AND/OR CARROLL COUNTY HARMLESS REGARDING ANY LIABILITY FOR DEFAMATION, INVASION OF PRIVACY, OR ANY OTHER CLAIM BASED UPON GOOD FAITH ACTION TAKEN PURSUANT TO THE PROVISIONS OF THIS CONSENT.

THIS _____ DAY OF _____, 20____.

APPLICANT SIGNATURE: _____

COMPLETE AND MAIL TO: ATTN: DIRECTOR **(DO NOT LEAVE THIS WITH YOUR ASSOCIATION)**
 CARROLL CO. RECREATION DEPARTMENT
 P.O. BOX 338, CARROLLTON, GA 30117