



## BACKGROUND CHECK AUTHORIZATION FORM

### Part 1: To be Completed by Applicant

I, \_\_\_\_\_, hereby authorize Downtown Ministries, Inc. of Clarke County and its agents or representatives to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records, to confirm the information contained on my application and obtain other information that may be material to my qualifications for volunteering now, and, if applicable, during all periods of time which I am volunteering for Downtown Ministries. The results of the complete report will be the sole property of Downtown Ministries and will remain personal and confidential.

I hereby release Downtown Ministries, Inc., Downtown Academy, and its agents, and any other person or entity, which provides information according to this authorization, from any and all liabilities, claims, and lawsuits in regards to the information obtained from any and all above-referenced sources used.

**\*Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

*Last Name:	*First Name:	*Middle Name:
*Social Security Number:	*Date of Birth (MM/DD/YYYY):	Gender:
*Driver's License Number:	*Issuing State:	*Email:

**Please list all resident addresses for the past seven years. Use additional paper if necessary.**

*Current Street Address:	*City, State, Zip, County:	*How long have you lived there? (MM/YYYY - MM/YYYY)
*Prior Street Address:	*City, State, Zip, County:	*How long have you lived there?
*Prior Street Address:	*City, State, Zip, County:	*How long have you lived there?

\*This information is required for identification purposes only and is in no manner used as qualifications for volunteering.

### Part 2: To be completed by the Downtown Ministries staff member making the search request.

Name of organization representative: <b>Grace Redmond</b>	Title: <b>Director of Communications</b>	Organization Name: <b>Downtown Ministries, Inc.</b>
Organization Address: <b>355 Pulaski Street</b>	City, State, Zip: <b>Athens, GA 30601</b>	County: <b>Clarke</b>
Telephone Number: <b>706.559.4426</b>	Alt. Number:	Account #:

Please indicate the search(s) you want to completed for the identified applicant:

- Federal Criminal Background Check
  Motor Vehicle Record