

# GCIC/NCIC CONSENT FORM

## Volunteer Services Form AOG

I hereby authorize the Georgia Department of Corrections to receive any criminal or driver's license history information, at any time, pertaining to me which may be in the files of any state or local criminal justice agency.

I do solemnly state that the below listed information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Last. First, Middle Maiden (please print) Social Security # Driver's License Number

\_\_\_\_\_  
Street Address City State ZIP County

\_\_\_\_\_  
Date of Birth Birthplace (City and State) Sex Race

\_\_\_\_\_  
Height Weight Eye Color Hair Color Skin Tone Scars, Marks, Tattoos

\_\_\_\_\_  
Home Phone Work Phone E-mail address

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Notary Date

Approved Disapproved By Appointing Authority \_\_\_\_\_  
(Circle One) Signature

Comments. \_\_\_\_\_

\_\_\_\_\_  
Institution/ Center/ Office Date

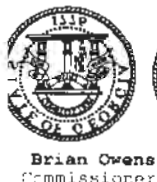
For **Ex-Offenders ONLY:** Approved Disapproved By Regional Director

\_\_\_\_\_  
Signature Date

(To be placed in personnel file at Facility)

### RETENTION SCHEDULE:

Upon completion, this form will become part of the volunteer's personnel file to be maintained locally two years past termination of the volunteer's services



DEPARTMENT OF CORRECTIONS  
FACILITIES DIVISION  
P.O. BOX 1529  
FORSYTH, GA 31029

Information (478)992-5101

VF01-0001  
ATT 2  
10/01/12

COMMUNITY RESOURCES FOR CORRECTIONS  
Visiting Volunteer Waiver Of Liability Form A02

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name of Group and Activity in Institution/Center

SAINTS PRISON MINISTRY

Date \_\_\_\_\_ Time In \_\_\_\_\_

In consideration of having been accepted as a volunteer for the above listed activity, and with the knowledge that I will be working, directly and indirectly, with inmates, I recognize fully that my presence may involve some element of risk.

I, the undersigned, do hereby waive and release any and all rights or claims of any kind or nature which may exist or accrue in the future against Georgia Department of corrections, (Name of Institution/Center), its personnel, employees, staff or agents because of, as a result of, or in connection with the duties, responsibilities and work which I will undertake.

In making this application, I hereby give the Georgia Department of Corrections authority to make inquiries with police records as may be deemed necessary to ascertain my suitability as a volunteer.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date Signed

Have you ever been convicted of a criminal offense?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain briefly:

Are you currently on parole or probation?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain briefly:

RETENTION SCHEDULE:

Upon completion, this form will be maintained at the participating facility for a period of six months after the visitation of the volunteer, then destroyed.

**GEORGIA DEPARTMENT OF CORRECTIONS**  
**CRIMINAL/DRIVER HISTORY CONSENT FORM**

I hereby authorize the Georgia Department of Corrections to receive all criminal history information pertaining to me anytime during the course of my employment with the Department.

I understand that convictions revealed from these background investigations may impact my certification with P.O.S.T. and my employment with the Department.

**Please Print**

**Full Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Telephone #:** (Where you can be reached between 8:00 am and 4:00 pm) \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Driver's License # & State:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_  
(mm/dd/yy) (City) (State) (Country)

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_

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

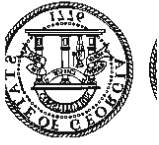
**Date:** \_\_\_\_\_

**One of the following must be checked:**

☒ This authorization is valid for 90/180/365 (circle one) days from date of signature.

☐ I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the **duration** of my employment with this agency.

Retention Schedule: Retain for two (2) years in hiring/selection packet; if hired, retain permanently in local and official personnel file.



Brian Owens  
Commissioner

DEPARTMENT OF CORRECTIONS  
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P.O. BOX 1529  
FORSYTH, GA 31029

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SOP IIA-2 1-0001  
ATT 1  
10/15/07

## **Sexual Assault and Misconduct Acknowledgement Statement**

I have read the Department's Sexual Assault and Sexual Misconduct policy) including all definitions provided within the policy. I understand that I am not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if I witness such conduct or if someone reports such conduct to me. I further understand that my authorization to enter or work at a correctional institution where there are offenders is based on my agreement to comply with the Department's policy on sexual assault and sexual misconduct. I also understand that any violation of the policy will result in disciplinary action, including termination, or that I will be banned from entering any correctional institution. Finally, I understand that according to Georgia law, certain correctional staff members who engage in sexual contact with an offender commits sexual assault, which is a felony punishable by imprisonment of 10 to 30 years.

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Print Name

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Date Signed

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Signature