

**Boys & Girls Clubs  
of the Coastal Empire**

**Volunteer Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you presently employed \_\_\_\_\_ Present Occupation \_\_\_\_\_

Employed By \_\_\_\_\_ Address \_\_\_\_\_

Employer Reference (name, position, phone #) \_\_\_\_\_

What volunteer positions(s) are you applying for? \_\_\_\_\_

Have you ever worked or volunteered for an organization similar to ours? Please explain.

List other volunteer experience: \_\_\_\_\_

Circle grade last completed in school:

Elementary    1   2   3   4   5   6   7   8      High School    9   10   11   12

College            1   2   3   4                      Graduate School    1   2   3   4

Other (please specify) \_\_\_\_\_



Chatham County Sheriff's Department
CHRI Release/Waiver

By my signature below, I hereby request, authorize and direct Sheriff Al St. Lawrence or his appointed designee and the Chatham County Sheriff's Department to perform a Georgia background investigation which includes, but may not be limited to an electronic background search of G.C.I.C. and local records.

Furthermore, I authorize and direct that any information or records which are produced or discovered as a result of this background investigation are to be released and transmitted to the persons identified below for whatever purpose they require. I am fully aware that the information or records produced as a result of this inquiry contain confidential and privileged information which would not otherwise be released without my consent, request or authorization.

In making this release authorization, I agree TO HOLD HARMLESS, SHERIFF AL ST LAWRENCE, AND ALL EMPLOYEES OF THE CHATHAM COUNTY SHERIFF'S DEPARTMENT, AND CHATHAM COUNTY GOVERNMENT, FROM ANY CIVIL LIABILITY OF ANY KIND OR DESCRIPTION.

PLEASE PRINT CLEARLY

SUBJECT INFORMATION

Form with fields for Last Name, First, Middle, Maiden, Address, City, State, Zip, Phone#, Race, Sex, Birth Date, Eyes, Hair, SSN, Height, Weight, State/Place of Birth, and checkboxes for WILL PICK UP and PLEASE MAIL.

RELEASE TO: (COMPLETE THIS SECTION IF YOU WANT YOUR BACKGROUND TO BE RELEASED OR MAILED TO SOMEONE OTHER THAN YOURSELF)

NAME: COMPANY:

MAILING ADDRESS:

SPECIAL EMPLOYMENT PROVISIONS (CHECK IF APPLICABLE)

- EMPLOYMENT/VOLUNTEER WITH CHILDREN, EMPLOYMENT/VOLUNTEER WITH ELDER CARE, EMPLOYMENT/VOLUNTEER WITH MENTALLY DISABLED

BACKGROUND PURPOSES

- ADOPTION, FOSTER CARE, PERSONAL RECORD INSPECTION, OTHER

AUTHORIZATION

Prior to signing this request authorization, I have fully read and understand the provision of this writing. My request is freely made without fear of punishment or promise of reward, and with full and complete understanding of the consequences of my action.

Legal Signature, Date, Witness

CCSO DEPARTMENT RESPONSE

- No GCIC Record, No Local Record, Records Found, Attached, Fingerprints needed for positive Identification

Chatham County Sheriff Department Official, Date