

Volunteer's Disclosure & Consent Release of Information

Thank you for your interest in volunteering for FOCUS! FOCUS requires a completed background check on all volunteers 18 years of age or older. Please complete this form and return to FOCUS by fax to 770-234-9131 during business hours at least 5 days before your scheduled service. Due to the cost of each check, completing this form is your commitment to serve. Because of the personal information required, this form will be kept in a locked cabinet. Thank you so much for your service and for your willingness to keep our children safe.



Applicant Information

Name (first, middle, last)	
Other Names (maiden)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	
Driver's License # / State	
Date of Birth	
Place of Birth (City, State, Country)	
Current Street Address	
City, State, Zip, County	
Former Address (1)	
City, State, Zip, County	
Former Address (2)	
City, State, Zip, County	
Home Phone	
Cell Phone	
E-Mail Address	

Acknowledgment and authorization:

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and I certify that I have read and understand this document. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, or information service bureau to furnish any and all background information requested on behalf of FOCUS. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

APPLICANT:

Signature: _____ **Date:** ____/____/____

Print Name: _____