

## **VOLUNTEER APPLICATION**

PERSONAL IN	IFORMATION	er er s	2			44		
Name (please print)			Email			P	Primary Phone	
Street Addres	SS			City, State,	Zip			
In case of er	nergency, ple	ease contact:						
			Name (please print)			Primary Pho	ne Alternate Pho	one
Once per		ce per month	Three times		] Weekly 🗌	Seasonal 🗌 Oc	casional Special Eve	ents
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Mornings								
Afternoon		:						
Evenings								
Office Sup Guest Gre Docent / Docent / Museum Providing Museum Special Ev Collection Landscap Other spe	pport: Gereter – Front D Leading Group Leading Group Membership A Hands-On Edu Store/Concess rents/Special P as Inventorying ing (e.g. pulling	resk or Welcom Tours – Adult Tours – Schoo Ambassador (e., Ication (e.g. cra ions Program Suppor g weeds, diggin would like to sh	filing)   Data ne Center  I Groups g. Thank You cal aft making, prov rt (one-time volums, planting)	lls, serve at M iding demons unteer opport	embership Tations, pres	ce able, Welcome C sent Discovery Ca		
riease tell us	willy you woul		teer with reona	TAIVETTI OTTE IVI		- 1 - 1		
H =								
Please list 2	references (e.g	g. teacher, supe	ervisor, business	) other than r	elatives, who	o we may contact	for a reference:	
Name:			Email:			Phone:		
Name:			Email:		-2.43	Phone:		
			 Signa	ture			Date	

## VOLUNTEER FORM DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

Volunteer Organization:		
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In connection with your application to become a volunteer with the above listed volunteer organization (hereinafter "the Organization") this notice is provided to inform you that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, motor vehicle records such as driving records, verification of education or employment history, social media or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to the Organization and National Crime Search, LLC, 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, LLC's privacy practices see www.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you do serve as a volunteer, will continue and allow the Organization to conduct future background screenings for retention or reassignment, unless revoked by you in writing.\*

## Acknowledgement and Authorization

You hereby authorize the obtaining of a consumer report and/or is any time after receipt of this authorization by the Organization, are permitted by law.					
Signature	Today's Date	Today's Date			
Parent/Guardian Signature **	Other or Former Names (please print)				
Full Legal Name (please print)	City/State				
Address	Date of Birth***	SSN			
County	Driver's License #	State issued			
Name on Driver's License (if different from legal name)	E-mail address				
Contact Phone Number	_				

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\*To perform a GA Statewide search, the GCIC requires the applicant to have signed the authorization form within the last 30 days.

\*\*If the volunteer is under 18 years old, both the volunteer and a parent/guardian must sign the form.

\*\*\*This information will be used for background screening purposes only and no other purpose.