



CONSENT FOR BACKGROUND CHECK

During the application process and at any time during the tenure of my volunteer service with Gwinnett County, I hereby authorize Gwinnett County to procure an investigative consumer report which I understand may include information regarding my criminal history, social security verification, motor vehicle records, or other background checks. This report will be used to determine my eligibility to participate in the Gwinnett County Volunteer program to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

This report may be compiled with information from court records, record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required verifying information that I have voluntarily supplied.

I understand that I have the right, upon written request made within five business days after I have been notified of the results of the investigative consumer report, to receive a complete and accurate disclosure of the nature and scope of the background verification.

I am furnishing my social security number on a voluntary basis with the understanding that such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above-referenced information/records concerning me in connection with this application. If I should elect to exclude my social security number from this application, I understand that Gwinnett County retains the right to freeze my application, thereby negating my qualification as an approved volunteer until such information can be provided. Should there be any questions as to validity of this release, you may contact me as indicated below.

Signature (*nondigital*)

Date

Full legal Name: _____ Legal birth name: _____

Alternate name(s): _____

Address

City

State

Zip

Phone: _____ Email: _____

Date of birth: _____ Gender: _____ Social security number: _____