

WC Park & Recreation Coaches Application

_____ Head Coach _____ Assistant Coach

Sport: _____

Age Group: _____

Please print the following information:

Name: _____

Emergency Contact: _____

Address: _____ City: _____ State _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Year last coached/Where/What level: _____

Please list any special qualifications/certifications: _____

Please list two references and phone numbers:

Signature: _____ Date: _____

White County Government Human Resources

Name Based Criminal History Record Information Consent / Inquiry Form

I hereby give consent for the White County Sheriff's Office to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):			
Address:			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90 days from the date of signature.

I, _____ give consent to the above to perform periodic criminal history background checks for the duration of my employment with White County Government.

(Print Name)

Signature

Date

****A Copy Of Photo ID Must Be Attached****

Internal Use (Sheriff's Office)

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

	Employment E - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Mentally Disabled (M) – Provides <i>Georgia</i> Criminal History Record Information
	Employment with Elder Care (N) – Provides <i>Georgia</i> Criminal History Record Information
X	Employment with Children (W) – Provides <i>Georgia</i> Criminal History Record Information
	Public Records (P) – Provides <i>Georgia Felony Convictions Only</i>

The inquiry resulted in the following: (check all that apply)

	No Georgia CHRI results available.
	Georgia CHRI attached / released.

	No NCIC / GCIC Warrant results available.
	Possible NCIC / GCIC Warrant. Contact Agency listed below.

Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title

Date