Georgetown Homeschool Background Check

Name:		
Maiden or other name(s) in any and all other r	ecords of birt	h or records of residence:
Address:		
City:	State:	Zip:
Date of Birth:/		
Social Security Number:		
Gender: [] Male [] Female		
Drivers License Number:State:		
Do you have a Photo ID? [] Yes [] No		
Home Phone:		
Email:		
Emergency Contact:		
Emergency Contact Phone Number:		

l,	, am an applicant for volunteer work with the				
Georg	etown Homeschool Group and have been advised that as a part of the application				
proces	ss, the group conducts a criminal history background check. I do hereby consent to the				
Georg	etown Homeschool Group to use any information that is provided in this application to				
perfor	m a criminal history check. The GHG board has informed me that I have the right to				
review	and challenge any negative information that would adversely impact a decision to offer				
volunt	eer work. In addition, I have been informed that I will have a reasonable opportunity to				
clear u	up any mistaken information reported within a reasonable time frame established within				
the so	le discretion of the Georgetown Homeschool Group. Under the Fair Credit Reporting Act, I				
have b	een advised that upon request I will be provided the name, address and telephone				
numbe	er of the reporting agency as well as the nature, substance and source of all information.				
The fo	llowing are my responses to questions about my criminal history (if any):				
1. Have you ever been convicted or plead guilty before a court for any federal, state or					
	municipal criminal offense? (Excluding minor traffic misdemeanors).				
	[] Yes [] No				
	If yes, please provide the details below:				
	State: County: Date of Offense:/				
	Details of Conviction:				
2.	Have you ever received deferred adjudication or similar disposition for any federal, state				
	or municipal offense?				
	[] Yes [] No				
	If yes, please provide the details below:				
	State: County: Date of Offense:/				
	Details of Conviction:				
3.	Have you ever received probation or community supervision for any federal, state or				
	municipal offense?				
	If yes, please provide the details below:				

	State:	County:	Date of Offense:	//		
	Details of (Conviction:				
4.	Have you ever been convicted of any criminal offense in a country outside of the					
	jurisdiction	n of the United States?				
	If yes, plea	se provide the details be	low:			
	State:	County:	Date of Offense:	/		
	Details of 0	Conviction:				
5.	As of the date of this consent form, do you have any pending charges against you?					
	If yes, plea	se provide the details be	low:			
	State:	County:	Date of Offense:	/		
	Details of (Conviction:				
Please	e list all coun	ities and states of resider	nce since the age of eighteen:			
City /	<u>Town</u>	<u>County</u>	<u>State</u> <u>C</u>	<u>Country</u>		
I herel	by certify th	at all the information tha	t is provided in this consent form	is true, correct and		
			contingent upon the applicant's s			
•			ard's sole discretion, of this crimi			
•	round check	•	,	,,		
Signat	ure of the A	pplicant				
Autho	rizad Darsar	n Requesting a Backgroun	ad Chack:			
Autilo	11260 761301	i nequesting a backgroun	IU CIICUN.			
Print N	Name:					
Signat	ure:					