



GEORGIA VOLUNTEER HEALTH CARE PROGRAM AFFIDAVIT OF GOOD MORAL CHARACTER

State of Georgia

County of _____

Before me this day personally appeared _____
who, being duly sworn, deposes and says: I am an applicant for volunteerism with the
Department of Community Health (DCH) Volunteer Health Care Provider Program.

By signing this form, I am swearing that I have not been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the following charges under the provisions of Georgia Laws or under any similar law of another jurisdiction. I understand that periodic criminal background checks may be conducted on me and by signing this form, I agree to submit any necessary information for the purpose of having these criminal background checks performed by the Georgia Department of Community Health or its agent.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify DCH of any possible disqualifying offenses that may occur while volunteering in this program.

- Adult abuse, neglect, or exploitation of aged persons or disabled adults
- Domestic Violence
- Murder
- Manslaughter
- Vehicular Homicide
- Killing of an unborn child by injury to the mother
- Assault, if the victim of the offense was a minor
- Aggravated Assault
- Battery, if the victim of the offense was a minor
- Aggravated Battery
- Kidnapping
- False Imprisonment
- Sexual Battery
- Prohibited acts of persons in familial or custodial authority
- Prostitution
- Lewd or Lascivious Offenses
- Arson
- Felony Theft and/or Robbery
- Fraudulent sale of controlled substances, if the offense was a felony
- Abuse, aggravated abuse, or neglect of disabled adults or elderly persons
- Exploitation of disabled adults or elderly persons, if the offense was a felony

- Incest
- Child abuse, aggravated child abuse, or neglect of a child
- Contributing to the delinquency or dependency of a child
- Negligent treatment of children
- Sexual performance by a child
- Obscene Literature
- Drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor

ONE OF THE FOLLOWING STATEMENTS MUST BE MADE:

Pursuant to O.C.G.A. § 16-10-71, False swearing, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this volunteer position.		
Signature of Affiant	Date	Social Security #
For identification purposes, please provide the following:		
Sex: _____	Race: _____	Date of Birth: _____

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.		
Signature of Affiant	Date	Social Security #
For identification purposes, please provide the following:		
Sex: _____	Race: _____	Date of Birth: _____

Sworn to and subscribed before me this _____ day of _____, 200__.

My Commission Expires

NOTARY PUBLIC, STATE OF GEORGIA

My signature, as a Notary Public, verifies the affiant's identification has been validated by (specify below the type of documentation provided by the Affiant to confirm identification):
