

**SECTION I – CONTACT INFORMATION**

Name	(Last)	(First)	(Middle)
Mailing Address	City		State Zip
Home Phone	Cell Phone	Work Phone	
Email Address	Emergency Contact Name	Phone Number	

**Please list any special considerations or needs:** \_\_\_\_\_

**SECTION II – CRIMINAL HISTORY INFORMATION**

Have you pleaded guilty, entered a plea of nolo contendere, or been found guilty of *any* crime by a judge or jury in any state or federal court? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered “Yes”, please explain (including types of offenses and dates):

\_\_\_\_\_

\_\_\_\_\_

**SECTION III – INTERVIEW & TRAINING INFORMATION**

<u>For Department of Community Health (DCH) Use Only</u>		
Date of Interview: ____ / ____ / ____	Interviewer’s Name: _____	
Date of Training: ____ / ____ / ____	Trainer’s Name: _____	
Comments: _____		
_____	_____	_____
Hands of Hope	Henry	2
<b>Name of Clinic/Private Practice/Organization</b>	<b>County</b>	<b>Region #</b>

It is unlawful for an employer to refuse or deprive any individual of volunteer opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Office of Constituent Services, 55 Trinity Avenue, Atlanta, Georgia 30303; (404) 330-6026, FAX: (404) 658-7088; [skelly@atlantaga.gov](mailto:skelly@atlantaga.gov).

By signing this form, I am attesting 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 or I have disclosed that my record may contain one or more of the following charges in Section II of this Application. It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations, or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a Volunteer.

I understand that, to protect persons served by the Department of Community Health (DCH), a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me; however, certain convictions will exclude me from Volunteering. I understand upon submission of this application it becomes public record, subject to applicable laws prohibiting disclosure of certain information.

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
- Kidnapping
- False Imprisonment
- Sexual Battery
- Lewd or Lascivious Offenses
- Arson
- 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
- 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
- Prohibited acts of persons in familial or custodial authority
- Prostitution
- 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
- Felony Theft and/or Robbery

Pursuant to O.C.G.A. § 16-10-71, False swearing, I attest that I have read the foregoing, and I submit to a criminal background check in order to verify I meet the standards of good character for this volunteer position. I have also received a copy of the Volunteer Position Description.

For identification purposes, please provide the following:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**For DCH Use Only**

**Date of Criminal Background Check:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Stamp Results of Criminal Background Check Here**