



**Emergency Information**

Incase of emergency, person to contact should be:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City

\_\_\_\_\_  
State Zip Code Phone #

**Background Information**

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Drivers License/ID#: \_\_\_\_\_ Class \_\_\_\_ State \_\_\_\_ Exp. Date \_\_\_\_

Have you ever been convicted of a crime other than minor traffic violations? YES NO

Are you currently awaiting trail, on probation, or parole? YES NO

Name of current or most current employer \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Supervisor's Name Phone #

Dates: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_  
Personal Reference: \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City State Zip

**Statistical Information (Optional)**

Age Group: \_\_\_\_ 13-18 \_\_\_\_ 19-39 \_\_\_\_ 40-69 \_\_\_\_ 70+

Sex: \_\_\_\_ Female \_\_\_\_ Male

Ethnic Group: \_\_\_\_ African-American \_\_\_\_ Hispanic \_\_\_\_ Native American  
\_\_\_\_ Caucasian \_\_\_\_ Asian \_\_\_\_ Other

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

---

Volunteer Signature

---

Date

*If under 18 years of age, must have Parent or Guardian consent:*

---

Parent/Guardian Signature of Consent

---

Date

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**Consent Form**

I hereby authorize **Henry County Emergency Management/ CERT Program**  
to receive any Georgia criminal history record information pertaining to me, which may  
be in the files of any state or local criminal agency in Georgia.

\_\_\_\_\_  
Full Name (PLEASE PRINT)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
**Special employment provisions (check if applicable):**

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose Code 'N')
- Employment with children (Purpose Code 'W')

**One of the following must be checked:**

- This authorization is valid for 90/ 180/ \_\_\_\_\_ (circle one) days from the date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.