



Confidential

Family Promise of North Fulton/DeKalb Consent for Background / Driver's License Check

Name: (Print) _____

Address (street): _____

City/State/Zip: _____

Years at this address: _____ If you have lived at another address during the past five years, please list former addresses on back.

Date of Birth: _____ GA Driver's License # _____

Home Phone: _____ Cell Phone: _____

Email: _____

Criminal History: Have you ever been convicted of or plead guilty to a crime? _____ If your answer is yes, please explain on back or speak in person to a member of the program.

Consent and Release:

I certify that the information I have provided is true and correct. I authorize Family Promise of North Fulton/DeKalb in Roswell, GA to verify the information I have provided by conducting a driver's license and/or background check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information (including opinions) they may have material to my qualifications, my character and fitness for working with youth/children according to the policies of Family Promise of North Fulton/DeKalb. I understand that results will be confidential and shared with only appropriate Family Promise staff.

Signature: _____ **Date:** _____

Social Security Number _____ **(Upon receipt of background check results, the SSN will be removed from this document and shredded.)**