

CONSENT FORM

I hereby authorize THOMASVILLE FIRST UNITED METHODIST CHURCH to receive any criminal history record information to which may be in the files of the State of Georgia or any local criminal justice agency.

Circle all that apply

I will be working with: Children (W)
 Elderly (N)
 Mentally Ill (M)
 None of the above

Personal Information:

_____	_____
Full Name (Please Print)	Physical Address (if different from mailing)
_____	_____
Mailing Address	City, State, Zip
_____	_____
City, State, Zip	Gender Race Date of Birth
_____	_____
Social Security Number	Signature Date

Notary

Police Department Use Only

This request originally received by: _____ Date: _____

Completed search compiled by: _____ Date: _____