



College of Agricultural and Environmental Sciences
College of Family and Consumer Sciences

Application for Screening

Please be sure to use the name as it is issued on your driver's license and official identification

First Name:		Middle Name:		Last Name:	
Address:			City:		State: Zip:
Primary Phone No.			Alternate Phone No.		
Email Address(es):					
Social Security No. (required for background check)			Date of Birth: (required for background check)		
If you have a current Driver's License			Driver's License Expiration Date:		Driver's License State of Issue:
Driver's License Number:					
Have you ever been convicted of a felony or are any felony charges now pending against you?			Please explain any pending felony convictions:		
Have you ever been convicted or are any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance?			If yes, please explain:		
Are you now, or have you been within the last ten (10) years, been a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives been the overthrow of the government of the United States or the government of the State of Georgia by force or violence?			If "Yes," state the name of the organization and your past and present membership status, including any offices held therein.		
Have you ever been discharged or forced to resign from employment?		If yes, give name of employers and reasons:		Are you 16 years of age or older?	

Educational Institutions

Name of School:		City:		State:	
Level HS, College, etc:		Major if applicable:		Did you graduate?	
Degree (if applicable):		If no degree received, number of years completed:		Last Date Attended (blank if still attending):	

Please provide three references who are not immediate family members or residents of your home address. These references should be familiar with your skills and abilities related to the duties you may have volunteering

Name of Reference:	Title:	Company:	Phone No:
Address:			Email:
How do you know this reference?			

Name of Reference:	Title:	Company:	Phone No:
Address:			Email:
How do you know this reference?			

Name of Reference:	Title:	Company:	Phone No:
Address:			Email:
How do you know this reference?			

Agreement

In connection with your application to volunteer with The University of Georgia, you understand that consumer reports or investigative consumer reports may be requested about you including information about education verification, criminal record, and sexual offender status, and may involve public record or various federal, state, or local agencies. If your duties involve significant fiscal oversight, we will conduct a credit check.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Name Applicant's Signature Date

Email both completed pages as one individual document to caesoehr@uga.edu. Please do not include more than one application per email.

Sent by: _____
 Name (UGA CAES Extension Staff) Email