GEORGIA
DEPARTMENT OF NATURAL RESOURCES
WILDLIFE RESOURCES DIVISION

Consent for Background Check

(volunteers and unpaid Interns)

I understand that the Georgia Department of Natural Resources (DNR) shall conduct a background check. I understand that incomplete, inaccurate, or false information may result in the discontinuation of consideration of my application for internship or volunteer status. I recognize that my unpaid internship or association with DNR as a volunteer is conditional upon my successfully passing the background check.

I hereby waive, release, indemnify and hold harmless the DNR and its employees and agents from any and all claims and liabilities with respect to the inquiry into or disclosure of such background information.

I hereby voluntarily consent and authorize DNR or its authorized representative bearing this release or copy thereof to obtain reports including criminal history.

I authorize any and all persons to disclose such information, including criminal history, to DNR or its agents, and hereby waive, release, indemnify and hold harmless such persons from any and all claims and liabilities with respect furnishing the requested information. I understand that this authorization and release shall be valid for subsequent checks during the period of my affiliation with DNR.

Applicant Name: _____

(First) (Middle) (Last) (Maiden)

Additional Names Used: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (where you can be reached between 8 a.m. and 4:30 p.m.) _____

List chronologically all of your residences for the past seven years:

Dates		Street Address	City	State	County	Country
From	To					

Drivers License #: _____ State of Issuance: _____

Social Security Number: _____

Date of Birth: _____ Race: _____ Gender: ☐ Male ☐ Female

I certify that the information that I have provided here is accurate. I understand that providing false information on this form may result in non-selection for internship/volunteer status.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY: Requestor's Name _____ Phone #: _____ Office: _____