



2260 Sam Nelson Road
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CONSENT FOR CRIMINAL BACKGROUND CHECK

Name: _____ Date of Birth: _____
Last, First, Middle Month/Date/Full Year

Social Security Number: ____ - ____ - ____

Initial: ____ Annual: ____

I, _____, certify that the information supplied on this application is truthful and correct to the best of my knowledge, and that I will notify the North Georgia Angel House of any change in my status. I understand that all information is subject to verification.

I further certify that I give my permission to the North Georgia Angel House to perform a criminal background check with law enforcement authorities, and I understand that the result of such an investigation will be used solely in considering my eligibility to be a volunteer or mentor.

Print Name: _____

Signature: _____

Date: _____