

# W.C.R.D.

*Washington County Recreation Department*

Jane Colson, Director

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## CRIMINAL HISTORY CONSENT FORM

I, \_\_\_\_\_  
LAST FIRST MIDDLE

RACE \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**AUTHORIZE WASHINGTON COUNTY RECREATION DEPARTMENT TO COMPLETE A CRIMINAL BACKGROUND CHECK ON ABOVE NAMED PERSON AS A SCREENING PROCESS FOR A VOLUNTARY COACHING POSITION WITH SAID FACILITY. THIS HISTORY WILL BE COMPLETED AS A DETERMINATE OF WORKING WITH CHILDREN UNDER THE AGE OF 18.**

**A COPY OF YOUR DRIVER'S LICENSE MUST BE ATTACHED.**