

Instructions for the Background Check Consent

All adults (18 and Over) and working on a Heart of Georgia Chrysalis weekend are required to submit a current background check. This includes the Kitchen and behind-the-scenes workers.

As a courtesy, the Heart of Georgia Chrysalis Board will run these background checks at no charge; however, your timely cooperation is required. **These consent forms will be requested of every team member, every year, to ensure complete compliance with the Upper Room agreement.**

Please carefully follow these instructions as soon as you receive this information. **These background checks will be due NO LATER than 4 weeks before the walk to leave time for processing.** Exceptions may be made at the discretion of the Board President, Hunter Odom (229-869-2746), but please take care of this important matter quickly.

1. Print out the attached background check consent form and fill it out completely. An electronic signature is not valid. You must physically sign a hard copy of this form.
2. Scan a copy of your current driver's license or ID card. You may also email a photo from your smart phone, if desired.
3. Email the completed, signed, background check, **AND** a copy of your ID to Leslie Odom at chrysalisbgc@gmail.com.

If you absolutely cannot email this form, you may send a copy through the mail.

Mail it to: Leslie

Odom
847 Murphy Rd
Dawson, GA 39842

If you fail to return this consent, you will be responsible to provide your own background check. At Registration, you will have to present a copy of your completed background check, or you will not be able to work the walk. **These background checks can be obtained at your local county Sheriff's Office at your own expense.**

Thank You for your cooperation and Thank You for serving!!

Heart of Georgia Chrysalis Board of Directors



196 GA Hwy 300 South
Cordele, Ga. 31015

Phone: 229-276-2600
Fax: 229-276-2607

CONSENT FORM

I hereby authorize the Heart of Georgia Chrysalis
Company or School Name

to receive any Georgia Criminal History record information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Please include a copy
of your drivers license.

Date

Special Employment Provision (Check IF APPLICABLE):

Employment with Mentally Disabled (Purpose Code "M")

Employment with Elder Care (Purpose Code "N")

Employment with Children (Purpose Code "W")

One of the following must be checked:

This authorization is valid for 90/180/_____ (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history checks for the duration of my employment with the above listed company.