

CRIMINAL BACKGROUND & DRIVER HISTORY  
RECORD'S CHECK CONSENT FORM

I hereby authorize the Bibb County Sheriff's Department to release any criminal or driver history record pertaining to me (whose name is printed and signed below), which may be on file with any state or local criminal justice agency in Georgia. I agree to provide a copy of my driver's license for this purpose.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Signature

*Do not write below this line*

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\_\_\_\_\_  
Results

\_\_\_\_\_  
Results

\_\_\_\_\_  
Results

\_\_\_\_\_  
Record's Check by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature and Expiration

\_\_\_\_\_  
Date Notarized

Tee-shirt Size: \_\_\_\_\_

## The Arc Macon Volunteer/Staff Release

### Camp Ascca, Jackson Gap, Alabama, August 20-24, 2018

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (night) \_\_\_\_\_ (other) \_\_\_\_\_

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#### In case of emergency, I request the following person(s) be notified:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### I agree to abide by the following guidelines while serving as a volunteer for The Arc Macon.

1. To the best of my ability, I will strive to provide a safe and enjoyable environment for the consumers in this program at all times.
2. I will immediately report any verbal or physical abuse, inappropriate or aggressive behavior, or dangerous situations (*exhibited by staff or consumers*) to the Program Director.
3. I will read and familiarize myself with the rules, policies/procedures, and consumer needs (included in an information packet to be distributed at orientation).
4. I will keep my personal medications at the Health Lodge and go there to take it.
5. I will abide by the policy that all medications (prescription or over-the-counter) are kept and dispensed at the Health Lodge and therefore, will **not** give out medications to the consumers, staff, or other volunteers.
6. I will **not** possess or consume any form of alcoholic beverages while serving as a volunteer for The Arc Macon.
7. I will **not** possess any form of illegal drugs/substances or indulge in any form of substance abuse while serving as a volunteer for The Arc Macon.
8. I will **not** leave the program area without the knowledge of the director and will **not**, under any circumstances, leave participants in my care unsupervised.
9. I understand that The Arc Macon carries a blanket accident/sickness insurance policy on every consumer and volunteer (*similar to school insurance*). Beyond that coverage, I will **not** hold The Arc Macon, Camp Ascca, any coordinating agency, or individual liable for accidents, injuries, or illnesses incurred during my association with this program. I further release The Arc Macon and any organization or individual associated with this program from all liability for lost or stolen articles.

**Important:** Please use the back of this form to explain any health/medical problems that the medical staff should be aware of (diabetes, allergies, etc.). List all medications you take regularly (*prescriptions and/or over-the-counter*). This information could be crucial in case of an accident or illness. For the safety of the campers, we ask that all medications be kept in the Health Lodge. Pack them in a separate bag with your name and you will have full and private access to your medications at all times. Thank you.

**I fully understand and agree to abide by the above statements.**

\_\_\_\_\_  
Signature  
Revised 05/18

\_\_\_\_\_  
Date Signed