| | |
|---|---|
| **Social Security No.** | |
| **Date of Birth:** | |
| **Driver's License No.** | |
| **Expiration Date:** | |
| **State of Issue** | |

# Application for
# Motor Vehicle Record Check

*Volunteers, who as part of their role as volunteers, are required to transport people, goods or services must have a MVR completed and passed. Effective May 1, 2012 all screened volunteers will be checked in the background screening process. This application is for use with volunteers screened prior to May 1, 2012 OR volunteers not supervising youth but transporting materials or goods for UGA CAES Cooperative Extension.*

*Be sure that this is completed completely and accurately and that the* ***name is as it appears on the driver's license.***

| | | | |
|---|---|---|---|
| First Name: | Middle Name: | Last Name: | |
| Address: | City: | State: | Zip: |
| Primary Phone No. | Alternate Phone No. | | |
| Email Address(es): | | | |

Agreement

In connection with your application to volunteer with The University of Georgia, you understand that reports concerning your motor vehicle driver's record will be check and may involve public record or various federal, state, or local agencies.

You hereby authorize the obtaining of such reports at any time after execution of this authorization. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

| _____ | _____ | _____ |
|---|---|---|
| Applicant's Name | Applicant's Signature | Date |

Email completed page as one individual document to caesohr@uga.edu.
Please do not include more than one application per email.

Sent by: _____ _____
Name Email

Revised 4/15