



GEORGIA DEPARTMENT OF CORRECTIONS
Office of Professional Standards
State Offices South at Tift College
P. O. Box 1529
Forsyth, Georgia 31029



Brian P. Kemp
Governor

Timothy C. Ward
Commissioner

Dear Applicant,

Thank you for your interest in volunteering with the Georgia Department of Corrections. All volunteers are now required to successfully complete a background investigation. As part of the application process you will be required to complete and submit the information requested herein. Enclosed you will find the Background Packet consisting of a Questionnaire and Authorization for Release of Personal Information, along with instructions for each. Please complete and submit along with the volunteer application. **Any applicant, who fails to complete the required forms and to supply proper documents will be removed from further consideration.**

It is vitally important that you provide full and complete information. **Any evasion, omission or deliberate false statement by you will invalidate your application.**

Sincerely,

Clay Nix

Clay Nix
Director of Office of Professional Standards
Georgia Department of Corrections

GEORGIA DEPARTMENT OF CORRECTIONS
Office of Professional Standards
Background Screening Packet

***INSTRUCTIONS FOR COMPLETION OF YOUR
BACKGROUND PACKET***

- ***Incomplete forms/packets will not be accepted.***
- You must answer all questions correctly. **Do not use “N/A”**, meaning not applicable. *Failure to furnish the pertinent information requested on the application may result in the Office of Professional Standards being unable to complete a background investigation and may disqualify you as a candidate for volunteering. Intentional omissions or false answers will be a basis for the termination of the application process.*
- If you are unable to provide any of the information requested, an explanation must be given as to the reason.
- ***The information provided by you will be subject to a background investigation.***
- Questions concerning your background packet may be directed to Volunteer Services at 478-992-6406 or Chaplaincy Operations at 478-992-5908.
- Any information received throughout the review process including, but not limited to, the background packet, release forms, employment information, psychological reports, credit information, medical information, etc., are the sole property of GDC and no information will be released back to the applicant.
- Please read the following statements, then sign and date this form. Your signature denotes that you have read and understand the statement:
 - 1) **I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.**
 - 2) **I UNDERSTAND THAT IN ORDER TO PROMOTE AND ENCOURAGE CANDID EVALUATIONS BY PERSONS INTERVIEWED DURING APPLICANT BACKGROUND INVESTIGATIONS, ALL EVALUATIONS SHALL BE CONFIDENTIAL, PURSUANT TO THE OPEN RECORDS ACT. CONFIDENTIAL EVALUATIONS ARE INFORMATION OR RECORDS WHICH ASSESS WORK PERFORMANCE, PREJUDICES, INTEGRITY, ETHICAL CONDUCT, HONESTY, FINANCIAL RESPONSIBILITY, OR PAST PERSONAL BEHAVIOR.**

Signature

Date

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Office of Professional Standards, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be used in determining my suitability and continuing suitability for volunteering. I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Office of Professional Standards within the Georgia Department of Corrections to be a participant in the determination process of volunteer suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

Last Name First Name

Signature

Street Address

Date

City

Sex

Race

State Zip

Date of Birth / Driver License # / State

Social Security Number

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.

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PERSONAL HISTORY

DATE: _____ FACILITY IN WHICH YOU WILL BE VOLUNTEERING: _____

Name: _____
Last Name First Name Middle Name

LIST ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY & WHY: (IF NONE, SO STATE:)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Month/Day/Year City/State

SOCIAL SECURITY NUMBER: _____

MARITAL STATUS: _____ AGE: _____ SEX: _____ RACE: _____

HEIGHT (ft/in): _____ WEIGHT (lbs.): _____ HAIR: _____ EYES: _____

HOME ADDRESS: _____
Street Address

City State Zip County

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ Email address: _____

PLEASE LIST ANY OTHER CELL PHONE OR EMAIL ADDRESS IN WHICH YOU ARE ASSOCIATED:

YOUR OCCUPATION: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

LIST ANY SOCIAL MEDIA ACCOUNTS THAT YOU POSSESS:

FACEBOOK: Yes ☐ No ☐ USERNAME: _____

INSTAGRAM: Yes ☐ No ☐ USERNAME: _____

TWITTER: Yes ☐ No ☐ USERNAME: _____

OTHER: _____ USERNAME: _____

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PERSONAL HISTORY

List addresses of all residences for the last FIVE (5) years, starting with present.

<u>From</u> Month / Year	<u>To</u> Month / Year/ (Present)	<u>Address</u>	<u>City</u>	<u>State</u>
/				
/				
/				
/				

CRIMINAL HISTORY

Have you ever been arrested or been the subject of a criminal complaint or indictment or been required to appear as a suspect or defendant in any criminal proceeding?

Yes ☐ No ☐

Have you ever been a member of a Street Gang?

Yes ☐ No ☐

To your knowledge, are any of your friends, associates or family
Street Gang members?

Yes ☐ No ☐

CONTRABAND/PERSONAL DEALINGS/SEXUAL CONTACT

CONTRABAND: ANY ITEM NOT ISSUED BY THE DEPARTMENT OF
CORRECTION (CELL PHONES, TOBACCO, DRUGS, FINANCIAL
TRANSACTION CARD NUMBERS, ETC.)

PERSONAL DEALINGS: ANY CONTACT WITH A PERSON IN CUSTODY OR ON
PROBATION/PAROLE WHICH IS NOT IN CONJUNCTION
WITH YOUR OFFICIAL DUTIES

SEXUAL CONTACT: ANY TYPE OF SEXUAL CONTACT WITH A PERSON IN CUSTODY
OR ON PROBATION/PAROLE (KISSING, FONDLING, GROPING,
INTERCOURSE, ORAL SEX, ANAL SEX, ETC.)

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Have you ever intentionally introduced contraband into a correctional facility? Yes ☐ No ☐

Have you ever been accused of introducing contraband into a correctional facility? Yes ☐ No ☐

If yes, when was the last time? _____

Have you ever accepted any form of payment or gift from anyone related to contraband and/or personal dealings with offenders? Yes ☐ No ☐

Have you ever given contraband to an offender? Yes ☐ No ☐

Have you ever had any type of sexual contact with an offender? Yes ☐ No ☐

Have you ever been accused of any type of sexual contact with an offender? *If yes, when was the last time?* Yes ☐ No ☐ _____

Do you have any relatives/ friends or associates that are incarcerated? Yes ☐ No ☐

If you answered "yes" to any of the above questions, an explanation is required:

SECURITY

Have you ever been a member of any group or organization that advocates violent dissent or the overthrow of this government or any other government? Yes ☐ No ☐

Have you ever been a member of a group or organization that advocates violence, racism, or other illegal activities? Yes ☐ No ☐

Have you ever been involved in any type of riot, illegal demonstration or illegal strike? Yes ☐ No ☐

Have you ever participated in the use or manufacture of explosive devices or firebombs?? Yes ☐ No ☐

If you answered "yes" to any of the above questions, an explanation is required:

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DRUG HISTORY

Are you currently using any illegal drugs?

Yes ☐ No ☐

If yes, list type of drug(s) used, amount used and how often used:

<hr style="border-top: 1px solid blue;"/>	<hr style="border-top: 1px solid blue;"/>	<hr style="border-top: 1px solid blue;"/>
<i>Type of Drug</i>	<i>Amount Used</i>	<i>COMMENT</i>

<hr style="border-top: 1px solid blue;"/>	<hr style="border-top: 1px solid blue;"/>	<hr style="border-top: 1px solid blue;"/>
<i>Type of Drug</i>	<i>Amount Used</i>	<i>COMMENT</i>

To your knowledge, do any of your Friends or associates use illegal drugs?

Yes ☐ No ☐

If you answered "yes" to any of the above questions, an explanation is required:

WORK/VOLUNTEER HISTORY

List **ALL** activities you have participated in the past 5 years. **Put your PRESENT or MOST RECENT ACTIVITY FIRST.** Include Military Service in proper time sequence. List **temporary** or **part-time jobs REGARDLESS OF HOW LITTLE TIME WAS INVOLVED.** If you need more space, you may attach additional pages.

From _____ To _____ Title _____

Name of Organization _____

Street Address _____	City _____	State _____	Zip Code _____
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Phone Number _____	Full-Time <input type="radio"/>	Part-time <input type="radio"/>
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Work / Volunteer Activities:

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From _____ To _____ Title _____

Name of Organization _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Full-Time ☐ Part-time ☐

Work / Volunteer Activities:

From _____ To _____ Title _____

Name of Organization _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Full-Time ☐ Part-time ☐

Work / Volunteer Activities:

From _____ To _____ Title _____

Name of Organization _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Full-Time ☐ Part-time ☐

Work / Volunteer Activities:

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CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each question on this questionnaire. My responses on this questionnaire are true, complete and correct to the best of my knowledge and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime. I further understand that making a false or misleading statement or failing to answer a question(s) will result in my disqualification from consideration for volunteering with the Georgia Department of Corrections. I do hereby authorize the Georgia Department of Corrections to conduct a review of all records concerning myself, whether such records are of a public, private or confidential nature.

Full Name Printed: _____

Signature: _____ Date: _____