

Date: _____

Lee County Parks and Recreation Volunteer Application

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Telephone: _____

Work Number: _____

What program are you volunteering for: _____

Personal Reference

Contact Person: _____

Relationship: _____ Telephone: _____

Medical Information

In case of emergency, do you have a medical problem that could cause a situation?

If yes, Please explain.

Person to Notify in Case of Emergency:

Name _____ Relationship _____

Phone number _____

Primary Physician Name: _____ Telephone: _____

Volunteer's Signature: _____ Date: _____

Lee County Parks and Recreation Employee Signature: _____

Date: _____

**AUTHORITY FOR RELEASE OF INFORMATION
STATE ACCESS ONLY**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section to perform a North Carolina criminal history record information check in connection with my application for employment with Lee County Government pursuant to Lee County Ordinance.

(Print or Type)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above agency cannot provide a **hard copy** of the results of this criminal history check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature	Driver's License Number
_____	_____
Date	State of Issue
_____	_____

The fingerprint card and the letter of transmittal must be submitted to the SBI at the following address. This request form must be kept on file for one (1) year from date fingerprinted.

State Bureau of Investigation
Criminal Information and Identification Section
Attn: Applicant Unit
Post Office Box 29500
Raleigh, North Carolina 27626-0500

ORI# GOV000041 – LEE COUNTY

FINGERPRINT CARD CHECK - \$14 _____
NAME CHECK - \$10.00 _____

Lee County Disclosure Approval

Applicant/Volunteer Name _____

Department _____

Position _____

Address _____

Phone _____

Department Director Signature _____

Date _____