

VOLUNTEER SCREENING

Georgia Driving Records:

You may obtain a volunteer's driving history report from the Georgia Department of Driver Services by completing the attached Form DDS-18, "Request for Motor Vehicle Report." To complete the form, you will need the volunteer's full name, date of birth, and Georgia driver's license number, as well as the volunteer's original signature (faxes or copies are not acceptable) authorizing the release of his or her report.

For more information go to: <http://www.dds.ga.gov/>

City of Atlanta Police Department:

The Atlanta Police Department will conduct statewide criminal background checks which include arrests and convictions. You must provide the volunteer's name, date of birth, Social Security number, race, gender, and address. Use the attached form, "Criminal History/Arrest Record Request Consent Form." Note that this form must be signed by the volunteer.

For more information call the ID Unit at (404) 853-4396

Agencies that Assist Nonprofit Organizations:

LexisNexis Volunteer Screening:

Provides nonprofit organizations with cost-effective background screening solutions.

For more information go to: <https://volunteer.lexisnexis.com/pub/>
or call 1-866-399-6647

SafetyNET:

For nonprofits who offer mentoring programs to youth, SafetyNET conducts affordable FBI fingerprint-based background checks.

For more information go to: <http://apps.mentoring.org/safetynet/>
or contact: MENTOR/National Mentoring Partnership
1600 Duke Street, Suite 300
Alexandria, VA 22314
Phone: (703) 224-2200

Other related links:**Corporation For National And Community Service**

<http://nationalserviceresources.org/volunteer-member-staff-management/screening>

Georgia Bureau of Investigation: Georgia Crime Information Center (GCIC)

http://gbi.georgia.gov/00/channel_title/0,2094,67862954_74028473,00.html



Georgia Department of Driver Services
 Customer Service, Licensing and Records Division
 P.O. Box 80447
 Conyers, Georgia 30013

REQUEST FOR MOTOR VEHICLE REPORT (MVR)

- I am requesting my own Georgia MVR. (Complete Sections 1, 3, and 4)
- I am requesting a Georgia MVR of another individual. (Complete Sections 1, 2, 3, and 4)

PLEASE PRINT LEGIBLY

SECTION 1 – DRIVER INFORMATION (must exactly match driving record)			
Full Name (First, Middle, Last)			
Driver Date of Birth (MM/DD/YY)		Driver's License Number	

SECTION 2 – THIRD PARTY REQUESTOR INFORMATION	
Full Name (First, Middle, Last)	
Firm Name (if applicable)	
Address	
FOR DEPARTMENTAL USE ONLY	

SECTION 3 – TERM OF REQUEST
Please choose one of the following options: <input type="checkbox"/> Three (3) year Georgia MVR (\$6.00 fee) <input type="checkbox"/> Seven (7) year Georgia MVR (\$8.00 fee)
If you are requesting a Georgia MVR by mail, please include a business sized self-addressed stamped envelope along with this request and the required payment amount. By mail, we accept personal checks, cashier's checks, money orders, and company checks.

SECTION 4 – AUTHORIZATION TO RELEASE RECORD OF DRIVER			
Under penalty of law, I hereby (please check one)	<input type="checkbox"/> request release of my driving record; OR <input type="checkbox"/> consent to release of my driving record to the person and/or entity named in Section 2, in accordance with O.C.G.A. §40-5-2.		
Signature of Driver		Date (MM-DD-YY)	



CITY OF ATLANTA

Kasim Reed
Mayor

3493 DONALD LEE HOLLOWELL PKWY NW
Atlanta, Georgia 30331
404-546-4396

Atlanta Police Department
George N Turner
Chief of Police

<http://www.atlantaga.gov>

CRIMINAL HISTORY / ARREST RECORD REQUEST CONSENT FORM

I hereby authorize _____ to receive any Criminal history record information pertaining to me which may be in the files of any State or Local Criminal Justice agency. This authorization is valid for 90 days from date of signature.

(Last) (First) (Middle) Race Sex Month / Date / Year
(Date of Birth)

(If applicable, maiden name or name used in the past) Social Security Number

Address City State Zip Code Telephone #

Signature Date

Please check one of following for type of employment: Employment with mentally disabled
Employment with elder care Employment with children other _____

DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

This statement is to certify the criminal arrest files of the Atlanta Police Department, Identification Unit, City of Atlanta, Georgia have been search by name only and reveal the following information on the above listed subject:

- No Record with our agency
- No record on Ga. State File / GCIC
- Arrest Record as follows:
- See attached GCIC printout

CHARGES	DATE OF ARREST	DISPOSITION

APD # _____ Identification Unit Employee Initials Date

Fee waived Paid