



YMCA of Metropolitan Atlanta, Inc.
Consent Form
for Criminal Back Ground Check

Organizational	
Location	
Dept.	
Branch	

Criminal Ck	Yes		No		DHR	Yes		No	
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Please PRINT name clearly:

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First Name Middle Name Last Name Former Last

Social Security #	- -
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Birth Date	/ /
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Current Address	
Address	
City	State Zip Code
County	Country
Home Phone	Other Phone

Male	
Female	

Ethnic ID	
Am. Indian/ Alaskan	
Asian	
Black	
Hawaiian/Pacific I	
Hispanic/Latino A	
Hispanic/Latino O	
Hispanic/Latino W	
White	

I hereby authorize the **YMCA of Metropolitan Atlanta, Inc.** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Applicants Signature to Consent	Date

Criminal Check Satisfactory			
Yes		No	
<i>Branch Executive / Program Dir.</i>			
Signature:			

UltiPro Update			
Initial		Date	