



Caddo Parish Parks & Recreation

Volunteer Background Check Forms

Thank you for your interest in volunteering with Caddo Parish Parks & Recreation. All volunteers aged 18 & up are required to undergo a background check before performing volunteer duties.

Follow the steps below to complete submission of your background check forms:

- Complete Section 1 of attached Request for Background Check
- Complete attached Disclosure/Authorization Form
- Submit completed forms via:
 - Email to Office Coordinator Gabrielle Davis at gdavis@caddo.org
 - Mail to:

Caddo Parish Parks and Recreation
c/o Gabrielle Davis
2900 Hearne Ave B
Shreveport, LA 71103
 - In person during business hours to:

2900 Hearne Ave B
Shreveport, LA 71103

Patrick Wesley, Director
Douglas Rainwater, Asst. Director
Gabrielle Davis, Office Coordinator

021866 - Parish of Caddo Parks Division

REQUEST FOR BACKGROUND INVESTIGATION FOR SOUTHERN RESEARCH COMPANY, INC.

In connection with my application for employment, I understand that a consumer report and/or an investigative consumer report will be requested and obtained for employment purposes. **I acknowledge that I have signed a Disclosure and Authorization form and have received a copy of the summary of rights under the Fair Credit Reporting Act.**

By providing the information requested below and signing this Request for Background Investigation, I authorize such an investigation **on behalf of the Company named above**. I also acknowledge that a facsimile or photographic copy of this signed Request for Background Investigation will be as valid as the original.

1. APPLICANT OR SUBJECT OF INVESTIGATION – PLEASE PRINT OR TYPE				
Last Name	First Name	Middle Name	Social Security Number - -	
List AKA, Maiden, and/or previous married name(s) to be searched <i>(there is an additional charge for each name)</i>				
aka/maiden name	aka/maiden name	aka/maiden name	aka/maiden name	
Address				
City		State	Zip Code	
Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Drivers License Number	State

Applicant's signature: _____ Date: ___/___/___

2. SCOPE OF INVESTIGATION – PLEASE CHECK RECORDS TO BE SEARCHED

___ Social Security Number Trace

___ E-Verify

Criminal Court Records–Computer Name Index Search

___ Caddo/Bossier Metro (Caddo & Bossier Parish, Western District of LA, Shreveport & Bossier City Courts)

___ NWLA Search (Caddo/Bossier Metro plus Desoto Parish & Webster Parish)

___ County/Parish Search (List County/Parish): _____

___ Statewide Search: (List State Name): _____

___ International Search: (List Country Name): _____

Civil Court Records–Computer Name Index Search

___ Caddo Parish, Bossier Parish, and Western District of LA

___ County/Parish Search (List County/Parish): _____

U. S. District Court Records - Location: _____

Search Type: ___ Bankruptcy; ___ Criminal; ___ Civil

___ Official Driving Record: Louisiana (three-year covering period) ___ LA DL Status Inquiry

___ Official Driving Record: Out-of-State Record (List State) _____

___ National Sex Offender Registry

___ OIG Exclusion

___ Medicare/Medicaid Exclusion

___ RapidCrim (Database Search)

___ CNA/DSW Registries

___ LA State Adverse Action List

___ GAPSA (Database Search)

___ CAPS (Database Search)

___ Employment Verification

___ Evictions (Database Search)

___ Education/Professional Credential Verification

Type: _____

Client Information: Phone Number: **212-0221**

Fax Number: **212-0229**

DISCLOSURE/AUTHORIZATION (Employment Purposes)

021866 - Parish of Caddo Parks Division

In connection with my application for employment, I understand that a consumer report and/or an investigative consumer report may be requested and obtained for employment purposes on behalf of **the Company named above**. I also understand that, if I am hired, a consumer report and/or an investigative consumer report may be requested and obtained during the course of my employment.

The report may include information regarding my character, general reputation, personal characteristics, mode of living, and credit standing which may confirm or deny my eligibility for employment with **the Company named above**. The information contained in the report will be obtained from private and public record sources, including, as may be appropriate, personal interviews with sources such as neighbors, friends and associates.

By providing the information requested below and signing this Disclosure Authorization, I authorize the Company named above to request and obtain a consumer report and/or investigate consumer report regarding me. I also acknowledge that a facsimile or photographic copy of this signed Disclosure Authorization will be as valid as the original.

Applicant's Full Name (Please Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YY): _____ SSN: _____

Driver's License: State: _____ Number: _____

☞ Applicant's Signature: _____ Date: ____/____/____

