



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 attached **Background Check Consent Form**
- Complete Section 1 of attached **Request for Background Investigation**
- Complete attached **Disclosure/Authorization Form**
- Submit completed forms via:

Email to:

Gabrielle Davis, Office Coordinator
gdavis@caddo.gov

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
CattinaWilliams, Asst. Director
Gabrielle Davis, Office Coordinator

BACKGROUND CHECK CONSENT FORM

I authorize and give consent for Caddo Parish Parks and Recreation (CPPR) to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Current address verification

I, the undersigned, authorize this information to be obtained either in writing, email or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Background checks should be submitted to Southern Research within 3-5 business days of receiving from applicants

PRINTED NAME

SIGNATURE (if applicable)

DATE

OFFICE USE ONLY-TO BE COMPLETED BY CPPR STAFF SUPERVISING VOLUNTEER

Facility/Program _____

Volunteer Position _____

Supervisor's Name _____

Supervisor's Phone # _____

Date Received From Applicant _____

Approved Processing Date _____ By _____ (Dept. Head)

Input Into Southern Research _____ By _____ (Office Coordinator)

Received From Southern Research _____ Applicant Approved ____ Denied ____

If Denied, Reason _____

Date Results Sent To Applicant _____

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: ____/____/____

