

Leadership Position Waiver

Personal Information (Please Print)

Last Name _____ First Name _____ Middle Name _____

Date of Birth (month/day/year) _____

Leadership Position Holding Van Driver Volunteer Staff Adult: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW.

I expressly authorize SPLASH to make such investigations as it deems necessary in its sole discretion regarding any criminal charges which may have been brought against me, any charges which may have been brought against me for child abuse or attempted sexual molestation of a minor, and any information concerning my personal lifestyle, and I hereby release any person or agency furnishing such information from any and all liability. I also understand that by signing this application I am authorizing SPLASH to conduct a background check.

Signature: _____ Date: _____

Mail completed waiver to your Project Coordinator:

*(Your Project Coordinator)
(Project Coordinator's Address)
(Project Coordinator's Phone Number)*

If no address is listed or known for your Project Coordinator:

SPLASH
3396 Napier Ave.
MACON, GA 31204