Hello Saltwater Family,

We're excited about the upcoming season and all the amazing performances we have planned. To keep our community safe and welcoming for everyone, we're rolling out a new policy: background checks for anyone turning 18 and up.

We want Saltwater Performing Arts to be a place where creativity, expression, and learning can flourish. By making sure everyone involved meets our safety standards, we protect our younger members and create a secure environment for all.

Here's What You Need to Know:

1. Who Needs a Background Check: If you're turning 18 this season or are already 18 or older, you'll need to complete a background check.

2. Privacy is Key: All information from these checks will stay confidential and only our executive team will have access to it.

3. How It Works: You may go to a local police station or the Sheriff's office in Woodbine and request that they conduct a background check on you. They will provide you with a paper copy of their findings that you turn into the program manager.

4. Participation Requirement: Completing the background check is mandatory to continue participating in Saltwater activities. If you don't complete it on time, you'll need to pause your involvement until it's done.

5. We're Here to Help: If you have any questions or concerns, reach out to us. We're here to make this process smooth and respectful for everyone.

Wrapping Up: The safety of our Saltwater family is our top priority. By implementing these background checks, we ensure a safe space where everyone can shine on stage and behind the scenes.

Thank you for your cooperation and understanding as we keep Saltwater Performing Arts a safe place for all.

Feel free to contact the Program Manager if you need more information or have any questions

## Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize_____to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

| Full Name (print) | | | |
|---|---|---|---|
| Address | | | |
| Sex | Race | Date of Birth | Social Security Number |
| | | | |

☐ This authorization is valid for_____days from date of signature.

☐ I,_____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature Date

_____ _____ _____
Attorney for Individual (Pur E and U Only) Bar Number Date

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Date of Inquiry:_____Time of Inquiry:_____Operator's Initials: _____

Purpose Code Used: (check one)

| | NON-CRIMINAL JUSTICE PURPOSES |
|---|---|
| | E - Employment |
| | M - Working with Mentally Disabled |
| | N - Working with Elderly |
| | W - Working with Children |
| | P - Public Records (no consent required) |
| | F – Probate Court / Weapons Carry License |
| | **PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)** |
| | U - Personal Copy |
| | **CRIMINAL JUSTICE EMPLOYMENT** |
| | J - Civilian Criminal Justice Employment (State & III Info Received) |
| | Z - Sworn Criminal Justice Employment (State & III Info Received) |

The inquiry resulted in the following: (check all that apply)

| | |
|---|---|
| | No Criminal Record Available |
| | Criminal Record (Attached/Released) |
| | No NCIC/GCIC Warrant |
| | Possible NCIC/GCIC Warrant (List Wanting Agency Below) |

Wanting Agency Name: _____

Wanting Agency Telephone: _____

_____ _____
Agency Designee Signature and Title