

*Air Force Reserve Presents*



**HUNTER HAYES**

**JEFF SMITH** AUTOMOTIVE  
**INDEPENDENCE DAY**  
*Celebration*

---

## Volunteers Needed!

Volunteers are needed for the city of **Warner Robins Independence Day Celebration (IDC)** scheduled for **July 3rd, 2018**. Things we may need volunteers to assist us with:

- **Assist vendors with name tags, locating designated space;**
- **Greet public as they arrive;**
- **Direct VIPs;**
- **Direct Parents w/kids to Kidz Zone;**
- **Event clean up and general security;**
- **Help stack chairs, take down banners, empty trash, etc;**
- **Assist where needed.**

Volunteers' Orientation is scheduled for Monday July 2nd from 11am – 12pm, at the Warner Robins Wellston Center, 151 Maple Street Warner Robins GA 31093.

**Please visit [www.warnerrobinsvisitorscenter.com](http://www.warnerrobinsvisitorscenter.com) and click the 2018 IDC EVENT tab at the top of the page, scroll down and click the Volunteer tab** for a complete Volunteer Packet and Background Check consent form. Print out all forms, complete each page and attach a copy of your driver's license. E-mail to [lhoward@wrga.gov](mailto:lhoward@wrga.gov) or Fax to 478-225-2631.

**NOTE:** Due to the required background check processing time, **ALL VOLUNTEER APPLICATION FORMS MUST BE RECEIVED BY FRIDAY JUNE 15TH.**

If you have questions or need additional information please call **Lori at 478 929-7259** or **Nola at 478 302-5360**.

Thank you!

***All volunteers will receive a free T-shirt.***

*99 Armed Forces Blvd., N. Warner Robins, Georgia 31093*



## Independence Day Celebration Volunteer Application Form

CONFIDENTIAL

Personal Information

**Name (Last, First & MI):**

---

**Address:**

---

---

**Phone Number:**

**E-mail:**

(    ) \_\_\_\_\_

**Current Occupation / Organization:**

---

**Age:**

**Gender:**

**T-shirt Size:**

---

Female / Male

S / M / L / XL / 2X / 3X / 4X / 5X

Emergency Contact

**Name (Last, First):**

---

**Phone Number:**

**Relationship:**

(    ) \_\_\_\_\_

---

Volunteer Information

**Time Availability:**

2pm-5pm    5pm-8pm    8pm-11pm

Email application to: [howard@wrqa.gov](mailto:howard@wrqa.gov) or fax 478 225-2631

**DUE by JUNE 15<sup>th</sup>, 2018**

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

I hereby authorize the Warner Robins Police Department to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

<b>Full Name (print):</b>			
<b>Address:</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

- This authorization is valid for 60 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.

**Purpose Code Used: (Check all that apply)**

<input type="checkbox"/> E - Employment
<input type="checkbox"/> M - Working with Mentally Disabled
<input type="checkbox"/> N - Working with Elderly
<input checked="" type="checkbox"/> P - Public Records
<input type="checkbox"/> U - Personal Copy
<input checked="" type="checkbox"/> W - Working with Children

<b>Signature</b> _____	<b>Date</b> _____
<b>Attorney for Individual (Pur E and U Only)</b> _____	<b>Bar Number</b> _____
	<b>Date</b> _____

**Date of Inquiry:** \_\_\_\_\_ **Time of Inquiry:** \_\_\_\_\_ **Operator's Initials:** \_\_\_\_\_

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

<input type="checkbox"/> No Criminal Record Available
<input type="checkbox"/> Criminal Record (Attached / Released)
<input type="checkbox"/> No NCIC/GCIC Warrant
<input type="checkbox"/> Possible NCIC/GCIC Warrant (List Wanting Agency Below)
<b>Wanting Agency Name:</b>
<b>Agency Telephone:</b>

\_\_\_\_\_  
**WRPD Employee Signature and Title** \_\_\_\_\_  
**Date**