



Bosma Investigative Services

INVESTIGATIVE CONSENT FORM

I hereby authorize Bosma Investigative Services to conduct and receive any criminal conviction history that may be in the files of any city, country, state, of Federal agency. Please print clearly.

NAME	MAIDEN NAME
NICKNAME	STATE OF BIRTH
COMPLETE ADDRESS	
RACE	SEX
HEIGHT	WEIGHT
EYE COLOR	HAIR COLOR
DATE OF BIRTH	SOCIAL SECURITY NUMBER
EMAIL ADDRESS	PHONE NUMBER
SIGNATURE	
DATE	

New Volunteer

Returning Volunteer

I, _____, Give consent to the above named to perform periodic criminal history background checks for the duration as a volunteer with AL_ANON of Georgia Family Groups. A copy of this signed authorization can be used in the same manner as the original and can only be used for the purpose of background screening for AL_ANON of Georgia Family Groups volunteers.