



Safe Kids Kingsland Membership Application



Date: _____

(Please check one) New Member Membership Renewal

Name: _____ Title: _____

Organization: _____

Department: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than street address): _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Cell Phone #: _____

Fax #: _____ Birthday: _____

Email Address: _____

Website Address: _____

Program Interest:

____ I will continue to serve on the _____
_____ committee(s)/board(s).

____ I am interested in serving on the following committee(s)/board(s):

- | | | |
|---|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Bike Safety | <input type="checkbox"/> Fire Safety |
| <input type="checkbox"/> Home Safety | <input type="checkbox"/> Membership | <input type="checkbox"/> Occupant Safety |
| <input type="checkbox"/> PACE (Pedestrian) | <input type="checkbox"/> Poison/Choking Safety | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Resource Development | <input type="checkbox"/> Sports/Falls Safety | <input type="checkbox"/> Water Safety |
| <input type="checkbox"/> Advisory Board | <input type="checkbox"/> Executive Board | |

(over please)

Membership Dues

Membership in Safe Kids Kingsland is through an annual donation to the Coalition of \$25.00. All money donated will be used to cover Coalition meeting costs and costs associated with the Annual Awards Luncheon and Annual Planning Retreat Day. By paying membership dues your admission to the Annual Awards Luncheon will be covered.

____ Enclosed is my donation of _____ to the Safe Kids Kingsland coalition.

____ Please invoice me for my membership dues, my agency/organization will pay them.

____ I am unable to pay membership dues. I understand that I must pay for my own ticket if I wish to attend the Annual Awards Luncheon in May.

Supervisor Approval

Please take a few moments to read the following and answer accordingly. We value your membership in Safe Kids Kingsland and want to make sure that your agency/organization does, too.

____ My supervisor knows that I am a member of Safe Kids Kingsland and allows me time to attend meetings and participate in events.

____ My supervisor is supportive of Safe Kids Kingsland and the work that they do. If I am ever unable to represent my agency/organization on the Coalition he/she will appoint a replacement.

____ My supervisor knows that I am a member of Safe Kids Kingsland but is not supportive of me attending meetings and events. I would like someone to call him/her to discuss the importance of my involvement. (please provide your supervisor's contact information below)

____ My supervisor does not know that I am a member of Safe Kids Kingsland.

____ I am my own supervisor, I do not report to anyone.

Occasionally we like to contact agencies/organizations to thank them for their involvement and to invite them to special events. Please fill out the following information for your direct supervisor:

Supervisor Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phone #: _____ Fax #: _____

SKK OFFICE USE ONLY

Date: Received: _____

Dues paid: _____

Entered into Database: _____

Cash/Check: _____

Kenneth E. Smith, Sr.
Mayor



Darryl G. Griffis
Chief of Police

City of Kingsland Police Department

Post Office Box 250, Kingsland, Georgia 31548
(912) 729-8254

**Georgia Bureau of Investigations
Georgia Crime Information Center
Consent Form**

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable)

- Employment with mentally disabled (purpose code "M")
- Employment with elder care (purpose code "N")
- Employment with children (purpose code "W")

One of the following must be checked:

This authorization is valid for 90 or 180 (check one) days from the date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with his company.