



I, _____ hereby authorize **HOPE International Ministries,**
(Print full name)

its contracted agents, and/or **George County Regional Correctional Facility** to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state, or federal laws.

I agree that I enter the premises of **George County Regional Correctional Facility** voluntarily and I am fully aware of the potential risks involved in that entry and release all of the above mentioned parties from any and all liability for any injury or damage I may suffer whether accidentally or willfully caused by the actions of any persons on these premises.

I understand the above institution I am entering reserves the right to conduct a search of my person at any time while I am within the confines of said institution.

Signature of applicant: _____ Date _____

The following is necessary to conduct a background (NCIC) check.

Full name of applicant: _____

Date of birth: _____ Place of Birth _____ Sex: _____

Race: _____

Social Security Number: _____ Driver's License Number: _____

State of Issuance: _____ Date of Expiration: _____

ALL ABOVE INFORMATION IS MANDATORY TO COMPLETE. FAILURE TO COMPLETE THIS APPLICATION WILL RESULT IN THE TERMINATION OF YOUR APPLICATION PROCESS.

Please complete and mail your application by March 10, 2007 to:

Dr. Rod Smith
804 N 6th Ave.
Laurel, MS 39440

Joe McDonald
POB 91275
Mobile, AL. 36691

