

Volunteer Background Check Authorization and Consent Form
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Please Print or Type

Name: _____
(Last) (First) (Middle) (Suffix Jr. Sr, Etc.)

Other Names Used (Maiden, Aliases): _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: _____

Present Address: _____

City/State/Zip: _____

I understand that in connection with my application for employment, _____ Church may use an outside agency to research and verify the information I have provided on my application for employment. This agency will provide a report to _____ Church.

I understand that the outside agency will obtain information it deems appropriate from various sources including, but not limited to, the following: credit reporting agencies, current and past employers, criminal conviction records, Department of Motor Vehicle records, military records, school records, and professional and personal references. I authorize, without reservation, any individual, corporation or other private or public entity to furnish _____ Church all information about me.

This authorization and consent, in original, faxed, photocopied or electronic form, shall be valid for this and any future reports and updates that may be requested by _____ Church.

Applicant's Signature: _____ **Dated:** _____

Print Name: _____

ALL APPLICANTS UNDER THE AGE OF 18 YEARS OLD MUST PROVIDE A LOCAL CRIMINAL RECORD. THIS CAN BE DONE THROUGH THE COUNTY SHERIFF'S OFFICE IN WHOSE JURISDICTION THE PESON BEING SCREENED LIVES. CONTACT THE PERSONNEL OFFICE AT _____ FOR ADDITIONAL INFORMATION.