

SAFETY SCREEN FORM-BACKGROUND CHECK AUTHORIZATION

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address : _____
(Street) (City) (Zip/State)

Social Security Number: _____ **required if over 17 yrs. older** DOB: _____

Telephone Number: _____

Have you ever been arrested, convicted or pleaded guilty to a crime?
0 No 0 Yes If yes, explain

Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting or battering any child or adult? Or have you had any kind of a relationship with a minor or vulnerable adult that has brought sexual gratification to yourself?
0 No 0 Yes If yes, explain

Have you ever been treated for a psychiatric disorder?
0 No 0 Yes If yes, explain

Have you ever voluntarily left or been asked to leave a role within an organization due to a concern regarding inappropriate conduct with minors or adults?
0 No 0 Yes If yes, explain

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Willow Creek Community Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions and/or international/global checks; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Willow Creek Community Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Willow Creek Community Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ **Date:** _____

Parent/Guardian Signature if under 18 years old: _____

If You Do Not Have A Social Security Number:

Applicant's Full Birth Name _____

Print Maiden Name or Any Aliases _____

Mother's Maiden Name _____

Father's First and Last Name _____

City, State & Country of Birth* _____

Date of Birth _____
DD/MM/YY

Applicant's Gender 0 M 0 F

Please provide any of the following information if available (regardless of expiration):

Passport # _____

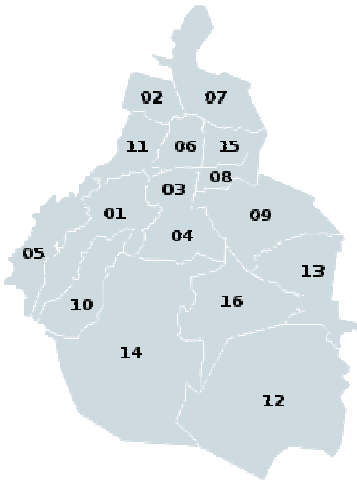
Visa or Resident Card # _____

National Country ID # _____

National Country Driver's License _____

ITIN# issued by the United States IRS Dept. _____

***Only those born in Mexico City, D.F. need to choose a borough: _____ (select # below):**



The 16 boroughs of Mexico City:

Mexico City is organized entirely as a Federal District, most of the city services are provided or organized by the Government of the Federal District. The 16 boroughs of the Federal District are:

1. Álvaro Obregón
2. Azcapotzalco
3. Benito Juárez
4. Coyoacán
5. Cuajimalpa
6. Cuauhtémoc
7. Gustavo A. Madero
8. Iztacalco
9. Iztapalapa
10. Magdalena Contreras
11. Miguel Hidalgo
12. Milpa Alta
13. Tláhuac
14. Tlalpan
15. Venustiano Carranza
16. Xochimilco