

<b>Volunteer Background Check Authorization and Consent Form</b>
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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.**