



BACKGROUND CHECK FORM

In an effort to provide a safe and secure environment for their children, members and staff, I understand this church will be conducting background checks on Christian service applicants who perform duties with or around children, or as deemed necessary by the church.

I understand and give my permission for this church to verify all or part of the information I provided on my application. I understand that this verification may include, but is not limited to, reference checks, a criminal records check, as well as other public record information. I also understand and give this church permission to obtain annual background checks, or as deemed necessary by this church while I perform duties with or around children.

I authorize the release of such information as may be deemed necessary by this church to make an informed decision as to my suitability for Christian service and hold harmless from all liability any individual or entity requesting or supplying such information.

I waive any rights I may have to inspect any or all of the information acquired by this church.

Name: (Please print)

Last Name First Name Middle Initial

Address:

Street City State ZIP From: ____/____
Month / Year

Previous Address:

(If less than 5 years)

Street City State ZIP From: ____/____
Month / Year

Previous Address:

(If 10 years or more)

Street City State ZIP From: ____/____
Month / Year

Date of Birth:

MM / DD / YYYY

Social Security Number:

Driver's License Number:

State

Signature: _____

Date: _____