

# Church Volunteer Background Check Authorization Form

Please complete all fields below to authorize the church to conduct a background check. This form is designed to be printed and signed physically upon completion.

## Volunteer Personal Information

Full Legal Name (First, Middle, Last):

Maiden Name or Other Aliases Used:

Date of Birth (MM/DD/YYYY):

Social Security Number:

Driver's License Number:

Driver's License Issuing State:

Current Home Address:

City, State, and Zip Code:

Phone Number:

Email Address:

## Disclosure and Authorization Statement

I hereby authorize the Church and its designated background screening agents to conduct a comprehensive background investigation for volunteer purposes. I understand that this investigation may include, but is not limited to, criminal history, sex offender registry checks, motor vehicle records, and verification of prior volunteer or employment service.

I release the Church, its employees, and all persons, agencies, and organizations providing information from any and all liability or claims regarding the request for, or release of, this information. I understand that my volunteer service is contingent upon the satisfactory outcome of this background check.

By signing below, I acknowledge that I have read, understood, and consented to the background screening process.

Volunteer Signature: \_\_\_\_\_

Printed Name:

Date (MM/DD/YYYY):