

Background Check Form

I understand that in an ongoing effort to protect our youth and children, _____ (church) completes thorough background checks on all individuals who provide care and supervision for them.

I further understand that _____ (church) will hold all information obtained during said checks in absolute confidence and will not re-sell, release or provide these findings to any party other than required for legal and legitimate purposes.

I understand that a copy of any findings and the source of those findings will be provided to me upon request.

I agree to release from liability and hold harmless _____ (church) and any third party vendor they select to complete these checks provided the findings are accurate depictions of information contained in source documents. Neither _____ (church) nor the third party vendor they select will be liable for inaccuracies, omissions or deletions in source documents.

_____/_____/_____/_____
Granting Party Signature Date Church Staff/Member Witness Date

First Name _____ Middle _____ Last Name _____

Telephone Number(s) _____

Address _____ City/State _____

County of Residence _____

Previous Address _____ City/State _____

Previous County of Residence _____

Date of Birth _____ Driver's License # _____

*****PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE*****

REFERENCES

Name _____

Address _____ Telephone # _____

Name _____

Address _____ Telephone # _____

Name _____

Address _____ Telephone # _____