

BACKGROUND CHECK AUTHORIZATION

This form authorizes _____ (church name) and the Northern Missouri District Council of the Assemblies of God, Columbia, Missouri, to obtain background information and must be completed by all volunteers who work with children and youth. The church and/or District must keep this completed form on file for at least two years after requesting a background check.

I, _____, hereby authorize _____ (church name) and/or the Northern Missouri District Council of the Assemblies of God, Columbia, Missouri, to make an independent investigation of my background, character, criminal, or police records, including those maintained by both public and private organizations and all public records. I understand that this information will be used, in part, to determine my eligibility to serve as volunteer staff, and/or a volunteer worker now and, if applicable in the future.

I release the _____ (church name) and the Northern Missouri District of the Assemblies of God, Columbia, Missouri, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Please note: Social Security number must be included.

Full Legal Name (Print)

Name as it appears on your Driver's License (Print)

Driver's Lic. Number

Maiden Name or Other Names Used (Print)

Date of Birth

Social Security Number

Phone Number

Street Address (no P.O. boxes)

City

State

Zip Code

Your Signature

Date