

Faith Family Church Volunteer Background Consent

Because we care, we want to insure a safe environment for all. Please take the time to fill out this brief form so that we may complete your background check.

Applicant should complete all relevant information and sign and date the form.

I, _____, hereby authorize **Faith Family Church** and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations, and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for volunteer work now and, if applicable, during the tenure of my volunteer work with **Faith Family Church**.

I release **Faith Family Church** and/or its agents 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:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Area wish to serve: _____ Position in area: _____

Service you will be serving in:(Check all that apply) Sun 8:30AM Sun 10:30AM
 Wed 7:00PM Special Event

Present Address _____

How Long at Present Address? _____

City _____ State _____ Zip _____

Date of Birth: _____ Email Address: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Signature of Candidate / Date