

**First Baptist Church of West Palm Beach (d.b.a. / Family Church)
Background Check Authorization**

(Please print all information clearly and legibly)

Print Full Name: _____ Gender: Male Female
(First) (Middle) (Last)

Former Name(s) or AKA and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: _____ Date of Birth: _____ Place of Birth: _____

Telephone Number(s) with area codes: _____

I _____ have OR _____ have not been arrested, had cause for any legal action against me, convicted or accused of a misdemeanor or any felony crime. If yes, describe in the space below:

I have read, understood, and agreed to the following:

The information that I have supplied in connection with my volunteer application is true, complete, and accurate to the best of my knowledge. I understand this information will be verified and a comprehensive review of my background will be performed by First Baptist Church of West Palm Beach, Florida, Inc. (d.b.a. / Family Church), its agents and representatives (the "Church"). I authorize the Church to perform the checks and obtain the information it deems necessary to evaluate my application to volunteer. The Church is authorized to perform, without limitation, the following: verification of social security number, a social trace, review of national criminal and sex offender records in federal, state and county jurisdictions, and any other public records search. I authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to this verification and background check. I hereby release and remise the Church from any and all liabilities, causes of action, and claims for damages of any kind arising from or as a result of action by the Church so that it may freely and completely perform any background check and investigation it deems necessary to evaluate my volunteer application.

I understand that until the background check and verification of my application are completed and approved, the Church may choose to deny me unsupervised access to children, the elderly or individuals with disabilities. I understand that these checks will be recurring annual events and that the Church may take any actions it deems necessary based on the results of these checks, including rescinding its approval for me to volunteer.

I am a current or prospective (check one): Employee _____ Volunteer _____ Contractor/Vendor _____

Authorization Signature: _____ Date: _____