168 New Dorp Lane Staten Island, NY 10306| 718.987.9222 | fax 718.987.7272 | www.PttNY.org

Background Verification Form

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

Individual Release

- ✓ I am willing that a photocopy of this authorization be accepted with the same authority as the original.
- ✓ I understand this AUTHORIZATION is to be part of the criterion for participation.
- ✓ I also understand that failure to submit this form, any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal from participation.
- ✓ I hereby certify that all information provided on this form is true and correct to the best of my knowledge and belief.
- ✓ I understand that my participation with Paint the Town depends upon successful completion of a criminal background investigation.

Please Print

Participant Name:

_____ _____ _____
Last **First** **Middle**

Have you ever been convicted of a crime under another name? Yes No

If **YES**, state name(s):_____

Date of Birth:____/___/_____**Social Security Number:** _ _ _ - _ _ - _ _ _ _

Home Phone: (_ _ _) _ _ _ - _ _ _ _

Current Address:

_____
Street number and name

_____ __ __ _____ _____
City **State** **Zip** **How Long?**

Signature_____ **Date** _ _ / _ _ / 20__

By signature (above), I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my presence and participation in their ministry/project locations.

****Your participation WILL NOT be finalized until this form is signed, submitted, received and processed****

Paint The Town
Attn: Justin Emanuel
Crossroads Church
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Staten Island NY 10306
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