

Staff Member Requesting Check: \_\_\_\_\_

Ministry Area: \_\_\_\_\_

## **VOLUNTEER BACKGROUND CHECK AUTHORIZATION**

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING

I understand that a background screening report may include, but is not limited to, social security number verification; criminal and civil court records; driving records; and/or any other public records or any other information in connection with my application as a volunteer with *CrossWay Christian Church*.

I understand that, if I am approved for volunteer service by *CrossWay Christian Church*, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of *CrossWay Christian Church*, such may be necessary.

I hereby release and discharge to the extent permitted by law, *CrossWay Christian Church*, its employees, any individual or agency obtaining information for *CrossWay Christian Church*, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of *CrossWay Christian Church*.

By signing below, I, \_\_\_\_\_, have read, understand and consent to the above. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge. I understand that I have specific prescribed rights as a consumer and a summary of these rights can be provided by CrossWay Christian Church or can be found at <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>.

\_\_\_\_\_  
Print Name (last, first, middle)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date