Background Check
Linn-Livingston Baptist Association
P O Box 158
Meadville, MO 64659

Printed Full Name: _____
(First) (Middle) (Last)

Alias/Maiden Name(s): _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issuance: _____

Email: _____ Phone: _____

Current Address: _____

_____

Previous Address: _____

_____

Signature: _____Date:_____

This form must be signed, dated and returned to the associational office with a payment of $10. No background checks will be done without payment accompanying this request. This information will remain secured in the associational office. Once we receive confirmation, this information will then be destroyed. If there is a problem we will inform you only that a negative report came back, and it will be your responsibility to follow up as to why you received a negative report. No one 17 years of age our younger will need a background check. If you have any questions, please call the associational office.

**Background checks for Children's Camp will be paid for by the association as this is a cost that is built into the budget.