St. John's United Methodist Church

Volunteer Application and Consent to Perform Background Check

11/17/2014

_____

Last name First name

_____

Maiden or other name(s) used in any other records of birth or records of residence

_____ _____

Address City

_____ _____

State Zip

_____ _____

Date of birth* SS#*

_____

E-mail (this e-mail will be used to send you a link to an online safety training course)

Please list other institutions where you have volunteered in the last three years:

_____

_____

_____

_____

In connection with my application to volunteer, I hereby consent and authorize St. John's United Methodist Church, and its agent, to conduct a background check that may include a criminal background check and additional verifications and reference checks as deemed necessary.

I certify that all information provided in this consent form is true, correct, and complete.

_____ _____

Volunteer signature Date

* This form will be destroyed immediately following the completion of the background check.