VOLUNTEER BACKGROUND CHECK CONSENT FORM
CHRIST'S CHURCH OF ORONOGO
(All information is secured and confidential!)

Please complete all information requested:

Print Full Legal Name:

_____

Last **First** **Middle** Maiden (if applies)

Current Home Address:

_____

Street **City/State** **Zip Code**

Date of Birth:_____ Gender: Male Female
Month/Day/Year

Driver's License #_____State_____Social Security #_____

Residential History: List all residential addresses in the last 10 years.

_____**From:_____To:_____**
Address **City/State** **Zip Code**

_____**From:_____To:_____**
Address **City/State** **Zip Code**

_____**From:_____To:_____**
Address **City/State** **Zip Code**

Applicant Consent: I understand and agree that Christ's Church of Oronogo will, through the use of any or all local, county, state, or federal criminal enforcement agencies, verify all or part of the information given to them. I authorize the release of such information, as may be necessary, and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application.

Signature_____Date_____

. . . . . .

Office Use Only Below

Ministry area submitted from:_____ Date:_____

Contact person:_____

Screened for: _____