

Authorization for Release of Information

*Must be completed by all volunteers who will be working with Children and/or Youth.

-----THIS INFORMATION IS KEPT CONFIDENTIAL-----

Applicant Information (Please print legibly.)

Volunteer Employee

Biographical Data

Name: _____
Last First Middle Initial

Date of Birth: (Mo/Day/Year) ____/____/____

Place of Birth: City: _____ County: _____ State: _____

Social Security Number: ____ - ____ - ____

Current Address: _____
Street City State Zip

Telephone number: (____) _____

Driver's License Number: _____ Issuing State: _____

List previous addresses within the past five years (attach a separate sheet if necessary).

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Address: _____
Street City State Zip

Release to do Reference Checks and Criminal Records Check

I authorize my references, present and past employers, and churches listed in this application, to give this church any information, including opinions, they may have regarding my character and fitness for child care and youth work, or other volunteer ministry or employment.

This release and authorization acknowledges that this church may now, or at any time while I am employed or work as a volunteer, obtain and use a "consumer report" about me, which may include verification of my education, previous employment/work history, driving record, and criminal record that may be in the files of the federal, state, or local criminal justice agency in any state. A photocopy or fax of this Authorization and Consent for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment or volunteer eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated church personnel.

I authorize a criminal background check organization, and any of their agents or designated company personnel, or a police department to release to this church any information that pertains to any record of convictions in its file or in any criminal file maintained on me, whether local, state, or national, and to disclose orally and in writing the results of this verification process to authorized representatives.

I do hereby agree to forever release and discharge this church and their associates, and all such individuals, employers, churches, and organizations, to the full extent permitted by law, from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

In the event that information from the consumer report is utilized in whole or in part in making an adverse decision with regard to my application, before making the adverse decision, the church will provide me with a copy of the report and a description in writing of my rights under the law.

I hereby authorize

Name Of Church

to obtain a consumer report and/or references on me.

Applicant's Signature _____ Date _____

Applicant's Name Typed or Printed: _____

References

Please provide the names of three individuals (not relatives) who have known you for five years or more and who can provide a reference for you. If you are under the age of 18, you may use the name of a parent and/or teacher. If possible, please include at least one reference from someone in this church. All people listed as references should be informed that you have listed them.

References that are acceptable are limited to the following:

- Former or present pastor
- Long-time friend (minimum of 5 years)
- One parent (for minors)
- Teacher (for minors)
- Church member (who has sufficient strength of relationship to comment on the individual's personal habits and character)
- Employer or colleague

1. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Home Phone: (____) _____

Email: _____

2. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Home Phone: (____) _____

Email: _____

3. Name: _____ Relationship: _____

Address: _____
Street City State Zip

Home Phone: (____) _____

Email: _____