



Calvary Creekside

Background Check Authorization

First Name: _____ Middle Initial: _____

Last Name: _____

Maiden Name: / Prior Married Names (aliases): _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ DOB: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____

Have you ever participated in, been accused or convicted of, or plead guilty or no contest to any type of physical abuse or sexual misconduct? Yes: _____ No: _____

The information listed above is correct to the best of my knowledge. I hereby authorize Calvary Creekside to conduct a complete background check using the information I have disclosed. Should I wish to withdraw this authorization at any time in the future, I agree to notify Calvary Creekside in writing and I understand that doing so will immediately terminate my involvement as a volunteer or staff for any church functions involving minors. I understand that Calvary Creekside will conduct this background check as a protection for the children of the church. I also understand that the outcome of this background check may directly influence my participation in the children's ministry and/or youth ministry at Calvary Creekside. In order for Calvary Creekside to provide thorough protection, I authorize a background check to be conducted as often as Calvary Creekside deems necessary.

(Signature)

(Date)