

Kids & Student Ministry

CONFIDENTIAL BACKGROUND CHECK AUTHORIZATION

Name (First, Middle, & Last) _____

Former Name(s) and Dates Used _____

Email _____

Current Address _____ Since (MM/YYYY) _____

City _____ State _____ Zip _____

Previous Address _____ (MM/YYYY) _____ to (MM/YYYY) _____

City _____ State _____ Zip _____

Date of Birth (MM/DD/YY) _____ Social Security Number _____

Phone (Cell) _____ (Work) _____ (Other) _____

Driver's License Number _____ State of Issue _____

The information in this application is correct to the best of my knowledge. I hereby authorize Calvary Church and its designated agents and representatives to conduct a comprehensive review of my background, causing a consumer report and/or an investigative consumer report to be generated for volunteer and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and present residences; employment history, educational background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Calvary Church or its agents. I further authorize the complete release of any records or data pertaining to me, which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Calvary Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to: addresses, social security numbers, drivers' license numbers, and dates of birth.

Signature _____ Date _____

Notice to California, Minnesota and Oklahoma Residents

Please check below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.



ROSEVILLE CAMPUS 2120 Lexington Ave N / Roseville, MN 55113

WHITE BEAR CAMPUS 4604 Greenhaven Dr / White Bear Township, MN 55127

651.487.2855

www.calvarychurch.us