

CENTRAL BAPTIST CHURCH OF QUINCY, IL

Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I, _____, am an applicant for volunteer work with Central Baptist Church of Quincy, Illinois ("the Church"), and have been advised that as part of the application process, the Church conducts a criminal history background check. I do hereby authorize the Church and/or its agents to make an independent investigation of my background, past employment, and adult criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my volunteer service with the Church. The Church has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the Church. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address, and telephone number of the reporting agency as well as the nature, substance, and source of all information.

I release Central Baptist Church and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Last Name: _____ First Name: _____ M.I. _____

Maiden Name or Other Names Used _____

Date of Birth: ____/____/19____ Phone Number: _____

Present Address _____

City _____ State _____ Zip _____

How Long at Present Address? _____ Gender _____

Former Address _____

City _____ State _____ Zip _____

Signature of Applicant: _____ Date: _____

Church Council Action: Approved: _____ Denied: _____
Initial and Date Initial and Date

Attach all reports and paperwork to this form. File in permanent records. Confidential.