

NEW BEGINNINGS BAPTIST CHURCH BACKGROUND INVESTIGATION CONSENT

Ministry Name: _____

Contact Name: _____ Phone Number: _____

I, _____ (applicant complete name), hereby authorize NEW BEGINNINGS BAPTIST CHURCH and/or its agents to make an independent investigation of my background, references, character, past employment, education, 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 as a volunteer or for employment now, and if applicable, during the tenure of volunteering or employment with NEW BEGINNINGS BAPTIST CHURCH.

I release NEW BEGINNINGS BAPTIST CHURCH and/or its agents and any person or entity, which it provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits 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.

Full name (printed)

Maiden name or other names used

Present street address

How Long?

City/State

Zip

Former street address

How Long?

City/State

Zip

Gender: M F

Date of birth

Social Security #

Driver's License #

State of License

Signature

Date