

# **THE STUDENT MINISTRY BACKGROUND CHECK AUTHORIZATION**

Full Name \_\_\_\_\_ Goes by \_\_\_\_\_

Maiden Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_ County \_\_\_\_\_

## **APPLICANT STATEMENT**

I hereby certify that I have read and completed the application. My answers are true and correct to the best of my knowledge.

I give permission for the church to maintain my photograph on file and to conduct a criminal-court background check on me now and at regular intervals. If allowed to work with students, I agree to be bound by the bylaws and policies of The Heights Baptist Church.

I hereby authorize all persons, schools, organizations and law enforcements agencies to supply The Heights Baptist Church with any information concerning my character or background in connection with working with students and I hereby release them from liability or damages which may occur as a result of their response to this request.

I authorize The Heights Baptist Church to supply my service record, in whole or part, to any prospective or future organization or agency with a legal and proper interest in them. I understand that if allowed to serve, that any misrepresentation made by me in the application shall be considered sufficient cause for my dismissal without notice. I have be appraised of and support the church's position regarding the problem of child abuse and neglect.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If applicable, is your spouse in agreement with you applying to volunteer at The Heights Baptist Church?

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_