



Insurance requires that we have a completed background check on file for anyone volunteering with children or serving through Mission Trips. Although titled “Employment Background Check Disclosure and Authorization”, it is a generic form provided by the background check company. There is no cost to you and all of your personal information will be kept confidential.

Please take care in completing the form in its entirety by printing clearly.



**PLEASE PRINT CLEARLY**

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you been convicted of a crime? \_\_\_\_\_ YES \_\_\_\_\_ NO

Which ministry/minister requested this form of you? **Please check ONLY ONE.**

\_\_\_\_\_ **PreK/Nursery** (Ginger Mayfield)      \_\_\_\_\_ **Children** (Ginger Mayfield)

\_\_\_\_\_ **Student** (Jonathan Chapman)      \_\_\_\_\_ **Personnel** (Bob Farmer)

\_\_\_\_\_ **Mission Trip**