



Volunteer Background Check Authorization Form

I authorize 1240 to 3:16 Ministries to conduct a criminal background investigation as part of its volunteer screening and/or selection process. This information in part or in whole will be provided to the ministry in the form of a report.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to organizations, federal, state, or county level agencies, insurance sources, driving and criminal history.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge. I understand that following my volunteer term should any statements or answers be found to be false or information has been omitted, such false statements or omissions will be just cause for termination of my volunteer term.

I further acknowledge that the facsimile (FAX) or photocopy of the document shall be valid and accepted with the same authority as the original. If retained by the above referenced organization this authorization will remain in effect throughout my volunteer term.

Date: _____ Signature: _____

SSN: _____ Printed Name: _____

DOB: _____ Telephone: _____

Drivers License No/State of Issue: _____

Note: The following information will be used as identification purposes only in obtaining information to perform the background investigation.

Street Address City State Zip Code List any other cities and states in which you have lived during the previous 7 years:

List any other Last Names you have used during the previous 7 years:

