

FAITH FAMILY CHURCH OH
Volunteer Authorization for Release of Background Information

In connection with my application for volunteer service with **FAITH FAMILY CHURCH OH**, I authorize **FAITH FAMILY CHURCH OH** and/or its agent, ACCUFAX Div., Southvest Inc., to solicit background information relative to my criminal record history. I understand that **FAITH FAMILY CHURCH OH** may conduct inquiries into my background that may include criminal records, motor vehicle records, personal references, and other public record reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by FAITH FAMILY CHURCH OH or its agent, ACCUFAX Div., Southvest Inc., for purposes of obtaining background report information, to furnish the above-mentioned information.

I release **FAITH FAMILY CHURCH OH**, its employees and its agent, ACCUFAX Div., Southvest Inc., and all persons, agencies and entities providing information or reports about me from any and all liability arising out of or related to furnishing any such information or reports.

I acknowledge that this authorization and release will remain in effect after the initial background inquiry has been completed and may be used by Faith Family Church OH to obtain, without further consent from me, subsequent background inquiries on a scheduled or as needed basis for the purpose of determining my eligibility as a volunteer. I also understand that it is my responsibility to provide complete and accurate information, and I agree to promptly notify Faith Family Church OH if the information provided below changes (i.e. name change, change of address) so that the updated information can be taken into account when subsequent screenings are performed.

PLEASE PRINT INFORMATION BELOW

FULL LEGAL NAME _____ DOB ____/____/____

OTHER NAMES USED _____ SSN _____ - _____ - _____

Please note: If your address is a rural route or post office box, we must have City & County where mail was delivered.

Current Address _____ City _____ Co. _____ St. _____ Zip _____
 How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____
 How long at this address? (Months/Years) _____

Previous Address _____ City _____ Co. _____ St. _____ Zip _____
 How long at this address? (Months/Years) _____

LIST ALL CITY/STATES RESIDED AT SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

If your involvement may include the use of a vehicle, please provide your current drivers license number: _____, and state of issuance: _____ and submit with this form a completed Volunteer Driver Application, which can be obtained through the church office.

SIGNATURE _____ **DATE** _____

FOR REQUESTING DEPARTMENT/OFFICE USE ONLY						
Requesting Department: <input type="checkbox"/> Children's <input type="checkbox"/> Youth/Junior High <input type="checkbox"/> Outreach <input type="checkbox"/> Other: _____						
Office to complete table below:						
Date Run	Background, MVR, Both	Initial or Rescreen		Results		
____/____/____ by: _____	<input type="checkbox"/> BG <input type="checkbox"/> MVR	<input type="checkbox"/> Initial	<input type="checkbox"/> Rescreen	<input type="checkbox"/> Clear	<input type="checkbox"/> Not Clear	
____/____/____ by: _____	<input type="checkbox"/> BG <input type="checkbox"/> MVR	<input type="checkbox"/> Initial	<input type="checkbox"/> Rescreen	<input type="checkbox"/> Clear	<input type="checkbox"/> Not Clear	
____/____/____ by: _____	<input type="checkbox"/> BG <input type="checkbox"/> MVR	<input type="checkbox"/> Initial	<input type="checkbox"/> Rescreen	<input type="checkbox"/> Clear	<input type="checkbox"/> Not Clear	

Thank you for applying to volunteer at FAITH FAMILY CHURCH OH.