

Confidential Background Application Form

****ATTENTION:** Information provided on this form will be used for the sole purpose of a background check. All information will be strictly confidential. You, or the ministry leader requesting this check, will be notified when the check is completed, and you are cleared to volunteer/serve on our campus. Please note that the background check agency can take up to 2 to 3 weeks to return some information. Also, please be aware that **ALL** fields are required. If it does not apply to you, please mark it N/A. Incomplete forms will not be processed. This includes email address, as this is how the agency provides you notification of any negative findings. If you do not have an email address, then the financial secretary or business administrator's email address will be used and they will forward the report, if any, to you. (These individuals are responsible for reviewing the reports anyway and therefore already have access to all information.)

PLEASE PRINT:

Date: _____ MRBC Ministry Working/Volunteering In: _____

Last Name: _____ First Name: _____ Middle Name: _____

Former Names (including Maiden name): _____

Present Address: _____

City: _____ State: _____ Zip: _____ Telephone No: _____

How long at your present address? ____ years ____ months If less than, 5 years, please provide former address: _____

Email Address: _____ SSN: _____ DOB: _____

Are you a Christian? _____ Are you a member of a church? _____

Church Name: _____

Church Address: _____

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor? __yes __no

If yes, please describe all convictions for the past five years. _____

Permission for Release of Information

Please read and initial each item.

- _____ The information contained in this application is correct to the best of my knowledge.
- _____ I hereby authorize Matthew Road Baptist Church, and its designated agents and representatives, to conduct a review of my background causing a consumer report and/or an investigative report to be generated for employment and/or volunteer purposes.
- _____ I release all such agents from any liability for furnishing such evaluations, provided they do so in good faith and without malice.
- _____ I understand that the scope of the consumer/investigative report may include, but is not limited to, the following areas: verification of social security number; credit reports; current & previous residence; employment history; education background; character references; civil and criminal history from any or all federal, state, county or city jurisdictions; driving records; and any other public record.
- _____ I hereby give my permission for any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Matthew Road Baptist Church.
- _____ I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.
- _____ I understand that Matthew Road Baptist Church has the right to require this record check as a condition of working, volunteering or serving on this campus.
- _____ I authorize Matthew Road Baptist Church to re-run this record check, at any time, as a condition of working, volunteering or serving on this campus.
- _____ I understand that Matthew Road Baptist will use this executed form as authorization to run any additional checks. I also understand that Matthew Road Baptist Church may request updated information, if any is required to complete this record check.
- _____ I understand that this information will be used only for Matthew Road Baptist Church purposes only and will not be re-disseminated to other persons or used for any other purpose.
- _____ I understand that Matthew Road Baptist Church and its designated agents and representatives shall maintain all information received from this authorization. Said information shall be maintained in a confidential manner in order to protect the applicants' personal information, including, but not limited to, social security numbers and dates of birth.

Name (Print)

Signature

Date

Witness Name (Print)

Witness Signature

Date