



CONFIDENTIAL

**Springfield United Methodist Church
Background Check Authorization**

Area of Ministry/ Service: _____

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____
(Maiden) Year Married

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

List all addresses you have lived at in the past seven years. If needed please list additional addresses on the back of this form:

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Date of Birth: _____ E-Mail: _____

Phone/Cell Phone #: _____

Drivers License Number/State: _____

Are you a member of Springfield United Methodist Church? *(Please circle)* YES Since: NO

Is there any information that you are aware of that may be revealed on a Background Check that could keep you from serving in ministry with children and/or youth? YES NO
If you answer **YES**, please use the back of this form for providing additional information

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Springfield United Methodist Church** and its designated agents and representatives to conduct a comprehensive review(s) of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. The information collected will be reviewed by the **Safe Sanctuaries Certifying Officer** for **Springfield United Methodist Church**. **Springfield United Methodist Church** reserves the right to deny Volunteer status to any applicant for any reason.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Springfield United Methodist Church** or its agents. 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.

Signature: _____ Date: _____

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Qualifications &
experience for working
with children/youth:

Notes/Comments:

Name: _____

Social Security Number: _____

(This page will be shredded after background check is completed.)