



Office Use Only
Submitted by: _____
Ministry or Event: _____
Charge To: _____

## CONFIDENTIAL BACKGROUND CHECK AUTHORIZATION

*It is the goal of Discovery Christian Church to create a safe and secure environment for all children and workers who are involved in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth. This information will be used for the sole purpose of helping Discovery Christian Church provide a safe and secure environment for children and workers.*

Name \_\_\_\_\_  
First
Middle
Last

Maiden Name or \_\_\_\_\_ Date \_\_\_\_\_  
 Other Name(s) Used \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_  
Street Address
City, State
Zip
From/To

Previous Addresses \_\_\_\_\_  
Street Address
City, State
Zip
From/To

\_\_\_\_\_   
Street Address
City, State
Zip
From/To

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
If 18 years or older

Email Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Driver's License \_\_\_\_\_  
State
Number

Ethnicity: African American \_\_\_\_ American Indian \_\_\_\_ Asian \_\_\_\_  
 Caucasian \_\_\_\_ Hispanic \_\_\_\_ Other \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to contact: \_\_\_\_\_

Position applying/volunteering for: \_\_\_\_\_

Is there any reason you should not work with or around children or youth? \_\_\_\_\_

Have you ever been the subject of a child abuse investigation? \_\_\_\_\_  
Month/Year

*If yes, provide details:* \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a criminal offense? \_\_\_\_\_  
Month/Year

*If yes, provide details:* \_\_\_\_\_

**Educational Background:**    Name                      Yr Grad                      Degree type

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**Church Information:**

Do you attend Discovery? \_\_\_\_\_ If "Yes", how long? \_\_\_\_\_

Have you worked with youth or children before? \_\_\_\_\_ Where? \_\_\_\_\_

**References:** List two references we may contact: (*Exclude family members or Discovery Staff.*)

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

Address: \_\_\_\_\_ How long have you known them: \_\_\_\_\_

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

Address: \_\_\_\_\_ How long have you known them: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize *Discovery Christian Church* and its designated agents and representatives to conduct a comprehensive review 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; drug testing, 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.

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 *Discovery Christian 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.

*\*\*Discovery Christian Church* and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature if under 18:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

*I wish to receive a copy of my Background Check Report.*