

Authorization to Conduct Criminal Background Check
Church Staff & Volunteers 12th Street Church of Christ, Shallowater, TX

One of our responsibilities as leaders of the church is to create and preserve a safe environment in which all of God's people can worship, learn and work with one another without fear of personal exploitation or violation. We want to exercise due diligence taking whatever reasonable steps we can take to assure the existence of such a safe environment. Background checks allow church leaders to know and have actual proof that the people serving in various areas of our overall ministry program have nothing in their past that would cause them to be unsuitable for a particular ministry. It also lets parents of children know that we value their physical safety as we do their spiritual safety.

We are so blessed at 12th Street to have a solid army of willing volunteers who teach children's Bible classes and sponsor youth trips. Please continue to help us perpetuate quality ministry by completing and signing the following authorization.

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner in the making of appropriate ministry decisions.

Printed Full Name:

Last

First

Middle Initial

Other names you have used, including maiden name and the date(s) your name(s) changed:

Date of Birth:

I authorize the eldership of 12th Street Church of Christ - Shallowater and/or their designated agents to investigate my background each year as part of my desire to work in various ministries of the 12th Street church. This may include information contained in public records which could include criminal files at the county, state, and federal jurisdiction levels. I hereby release all persons, companies or corporations furnishing such information from liability and responsibility. This document shall be valid until such time that I submit a written statement revoking permission.

Signature of Volunteer _____ ***Date*** _____