



# Background Check Consent Form

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***This form authorizes South Haven Baptist Church to obtain background information and must be completed by the applicant. The church will keep the completed form on file to process a periodic background check for any applicant actively volunteering with or employed by South Haven.***

I, \_\_\_\_\_ (applicant's complete name), hereby authorize SOUTH HAVEN BAPTIST CHURCH and/or its agents to make an independent investigation of my background, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information.

I understand that this information may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with SOUTH HAVEN BAPTIST CHURCH. I further understand that this form will be valid at any time after receipt of this authorization to permit SOUTH HAVEN BAPTIST CHURCH to conduct regular background checks throughout my volunteer service or employment.

I release SOUTH HAVEN BAPTIST CHURCH and/or its agents, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to SOUTH HAVEN BAPTIST CHURCH, if such is made within a reasonable time from the date it was produced.

Full Name (Printed): \_\_\_\_\_

Other Names Used: \_\_\_\_\_  Male  Female

Present Street Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Years

City/State/Zip: \_\_\_\_\_

Former Street Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Years

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

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