



CONFIDENTIAL BACKGROUND CHECK AUTHORIZATION FORM

(First) _____ (Middle) _____

(Last) _____ Email Address _____

Date of Birth: _____

Social Security Number: _____

Telephone Number: _____

Driver's License Number: _____ State: _____

Current Address: _____

(City) _____ (Zip/State) _____

Lived there since: _____

Previous Address: _____

(City) _____ (Zip/State) _____

Lived there from: _____

Please advise if there is anything you think we should know before we run this background check.

I attest and affirm that the information contained in this application is correct to the best of my knowledge.

I hereby authorize Woodburn Missionary Church and its designated agents to conduct a criminal background check using the information I have voluntarily provided on this form. I further authorize any such person or entity to provide Woodburn Missionary Church with information, opinions, and impressions relating to my background check.

I further authorize Woodburn Missionary Church or its agents to release any records or data pertaining to me to the relevant persons within Woodburn Missionary Church's ministries regarding my participation in those areas of ministry.

I voluntarily release Woodburn Missionary Church and its designated agents from liability involving the communication of information relating to my background check.

Signature: _____ Date: _____

Print Name: _____