

# VOLUNTEER PERSONNEL FORM II

## Living Christ Church Background Investigation Consent Form

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(Consent to perform a non-employment background check for any volunteer position in the area of Family Ministries which covers all those working with children and youth under the age of 18.)

I, \_\_\_\_\_, hereby authorize Living Christ Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records pursuant to applicable provisions of the FCRA, including 15 U.S.C. § 1681 (b) for the purpose of confirming the information contained on my application for a volunteer position in Family Ministries and/or obtaining other information which may be material to my qualifications for serving in this area of church ministry now and, if applicable, during the tenure of my time volunteering at Living Christ Church.

I release Living Christ Church and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) \_\_\_\_\_  
(First) (Middle) (Last)

Maiden Name or Other Names Used \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Present Address? \_\_\_\_\_

Former Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How Long at Former Address? \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Phone: \_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_

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

State of License: \_\_\_\_\_

Email: \_\_\_\_\_

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