

**CONFIDENTIAL**

## Background Check Authorization

Print Name: \_\_\_\_\_

**Former Name(s) and Dates Used:**

Current Address Since: \_\_\_\_\_ (Mo/Yr) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip/State)

Previous Address From: \_\_\_\_\_

Previous Address From: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Lake Street United Methodist Church** and **Protect My Ministry** to conduct a basic background check for employment and/or volunteer purposes. I understand that the scope of the background check will include a Social Security Number and Address History Verification, a National Criminal Database Search and a National Sex Offender Registry Search.

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 **Lake Street United Methodist Church and Protect My Ministry**. 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.

**Lake Street United Methodist Church and Protect My Ministry** 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: \_\_\_\_\_

1. **What is the primary purpose of the study?** (e.g., to evaluate the effectiveness of a new treatment, to explore a new research question, to describe a population, etc.)

**E-mail Address:** \_\_\_\_\_