

Brandywine Valley Baptist Church

Background Check Authorization

I hereby give my permission for Brandywine Valley Baptist Church to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand my Motor Vehicle records will be checked if I will be considered for driving children to or from Brandywine Valley Baptist Church sponsored events. I understand this information will be used, in part, to determine my eligibility for an employment or volunteer position with this church. I also understand that as long as I remain an employee or volunteer with the church, a criminal history records check may be performed at any time.

I understand that I will have an opportunity to review the criminal history record if requested. I also understand that a procedure is available for clarification if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnify Brandywine Valley Baptist Church and each of its officers, directors, and employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fee, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee or volunteer.

PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION

Applicant Name: _____
(First) _____ (Middle) _____ (Last) _____ (Suffix) _____

Date of Birth: _____
(MM/DD/YYYY)

Driver's License Information: _____
(State) _____ (Number) _____ (Exp Date) _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Social Security Number: _____ - _____ - _____

Email: _____ **Contact Phone Number:** _____

Area of Ministry or Service _____ **Working with minors** _____
(Yes/No)

Signature: _____ **Date:** _____

Return Completed Form to Lockbox, outside of Kristi Pullig's office, Room 166

For Office Use					
Submitted: _____	Completed: _____	Printed: _____	Approved: _____	ACS: _____	CCB: _____