



BACKGROUND CHECK FORM

Ministry :

Worship Youth Children's Adult Other _____

Required Information :

Last Name _____

First Name _____

Middle Name _____

Former Name(s) _____

Date of Birth Month _____ Day _____ Year _____

Gender Male Female

Physical Address _____

Mailing Address _____

Email Address _____

Social Security Number: - -

Authorization :

I, _____, give Yoncalla Church of Christ permission to complete a background check using the information provided above. I understand that I am entitled to receive a copy of the findings, which will be provided to me upon request.

I would like to receive a copy of the background check's results Yes No

Printed Name _____

Signature _____ Date _____