lbackground check screening re representative, for volunteer pu	eports processed through ar	ze CommUNITY Church to have n agency contacted by the churc	
National Criminal Report, Sexual Abuse Registry and County Court Report.			
I am aware that this backgroun information.	d check is only a screening	tool and I may be asked to prov	vide additional
I am aware that the background check screening report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that upon proper identification, I have the right to make a request to backgroundchecks.com within a reasonable period of time, as to the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me that backgroundchecks.com has previously furnished. Communications with backgroundchecks.com should be directed to PO Box 353 Chapin, SC 29036 or (866) 300-8524.			
I understand that a photocopy	or facsimile of this signed do	ocument shall be considered as	valid as an original.
CHURCH VOLU Full Name:	UNTEER TO COMPLETE TH	E FOLLOWING: PLEASE PI	RINT (Maiden)
Other Names Used:			
Address:(Street)	(City)	(State)	(Zip)
		ent agencies and other entitie . It is confidential and will not	
Social Security Number		Date of Birth	
Drivers License Number and State		Name as it appears on License	
Have you ever been convicted of a crime?NoYes If yes, please provide city and state of conviction and details of conviction on the back of this sheet.			
Date Signature			

Office Use:

Received On: / /

Processed On: / /