

Information Authorization & Release

I, _____ of _____ having
filed an

(Name) (City, State)

Application as a volunteer/paid worker at Benton First Assembly consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness of the ministry, and such further information as may be received by or reported to Benton First Assembly. I agree to give any further information that may be required in reference to my past history.

* * *

I authorize and request every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records and other information pertaining to me to furnish the Benton First Assembly any such information, including documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit Benton First Assembly or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any or all rights I may have to inspect or review any information provided to this church and/or district, its agents or representatives by any person or organization.

* * *

I hereby release, discharge, and exonerate Benton First Assembly, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of this district and church. Benton First Assembly shall not be required to verify any information received during the course of its investigations and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

* * *

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Applicant's Signature _____ **Date**

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me this _____ day of _____,
20_____

— Notary Public
(REQUIRED)

My commission expires: _____

Volunteer/Staff Authorization Form

Background Investigation Consent

I, _____ hereby authorize Benton First Assembly of God, ministers, agents, or representatives 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 for confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteer/staff ministry at local church events.

I release Benton First Assembly and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits 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) _____

Maiden Name or Other Names Used _____

Present Address _____

City _____ State _____ Zip _____

How long at Present Address? _____

If present address is less than 10 years, list all former addresses. If needed, use back of this form.

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Date of Birth*: _____

Phone Number: _____

e-mail address*: _____

Social Security Number*: _____

Driver's License Number: _____ State of License: _____

Signature of Volunteer/Staff

Date

*NOTE: The above information is required for identification purposes only.

Authorization For Release of Confidential Information Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the **Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203**, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment. This information should be addressed to:

Ben Benton First Assembly of God

1801 Hot Springs Hwy, Benton, AR 72019

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Full Name/DOB children

Race Age/DOB

Full Name/DOB children

Present Address:

Full Name/DOB children

From _____ to _____

Full Name/DOB children

Past address:

Email

address: _____

From _____ to _____

Has the applicant lived out of state in the

last 5 years? _____

From _____ to _____

From _____ to _____

Applicant's Signature

County of _____ State of Arkansas
Acknowledges before me this _____ day of _____ 20 _____.
My commission expires: _____

Notary Public

Mail to: Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203