

Faith Community Church National Background Check Consent Form

**** Items highlighted are the minimum info needed. All else is optional.****

Thank you for your desire to serve in ministries here at Faith Community Church. Please fill out the consent form that gives your authorization and disclosure for a national criminal background check from Protect My Ministry, Inc., a consumer-reporting agency as defined by the Fair Credit Reporting Act. We require national background checks by all applicants for any position (volunteer or compensated) involving the supervision of minors. Your willingness helps our church family maintain a safe and secure environment for all who participate in our ministries and use of our facilities.

Today's Date: _____

Full Name (First, Middle, Last): _____

Other Name(s) used: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Ethnicity: _____

Phone Number: _____

D/L or State ID #: _____ State Issued: _____

Email Address: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Signature: _____



For Office Use Only

National Background Check Date: _____

Record? Yes _____ No _____ Initials of checker: _____

Child Safety Training Emailed: Yes _____ NO _____

Other Comments: