

Equipping the Saints Volunteer Background Check
Disclosure and Authorization Form

This form should be completed by all adult applicants for volunteer positions. Please print all requested information in order for your volunteer application to be considered. Equipping the Saints and its agents will use this information to perform a background check.

Name: _____

Address: _____

Previous Address (if have not resided at current address for more than three years):

Home Phone: _____

Cell Phone: _____

Email: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

Driver's License State: _____

Former Name (if applicable): _____

By signing below, I authorize and consent to the release of my personal information for purposed of this background check and acknowledge that Equipping the Saints and/or its agents, may now, or at any time I am assigned to volunteer with Equipping the Saints conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of criminal history information of file in local, state on federal agencies and motor vehicle records.

By signing below, I understand that theses background checks may be used to determine volunteer assignments for Equipping the Saints. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representative of Equipping the Saints. I understand that according to the Fair Credit Reporting Act, I am entitled to know whether my volunteer application was denied based upon the information obtained during the background check and to receive a disclosure of the background check report.

Applicant Signature: _____

Date: _____