

Department TCS
Contact Person R. Parker

Volunteer _____
Employee _____

Trinity Ministries
Background Check Consent Waiver and Authorization

It has been brought to the attention of Trinity Church of the Assemblies of God that the staff, council (Board of Directors), and leadership of the church have a duty and responsibility to undertake a background and due diligence investigation of all applicants, staff, employees and volunteers, regarding both the church and school. We believe it is in the best interest of the children and congregational members that we ensure their protection and safety during all ministry related functions or activities. Failure to do so would place the church in legal jeopardy in the event of claims, litigation and continued insurance coverage.

Therefore, I do hereby consent and authorize Trinity Church of the Assemblies of God and it's agents, employees, representatives, council members, attorneys, and investigators to conduct background investigations on me and to obtain information from all persons, firms, corporations, prior employers, churches and ministries in which I have been involved as well as to obtain information from any and all state and federal law enforcement agencies, as to any prior occasions whereupon I was arrested and/or convicted of any State or Federal criminal offense.

I have been made aware that my social security number will be checked against the credit reporting agencies to ensure that my identity is true and accurate resulting in an inquiry being posted. I hereby further verify that I have signed this authorization freely and voluntarily, without any coercion or consequences whatsoever of any kind or nature for failure to do so.

Note: Should you have something undesirable on your background check, please attach a letter explaining. Please include how the incident occurred and your current status with the situation.

Full Name _____ Maiden Name/Aliases _____

Social Security # _____ - _____ - _____ Address _____

Birthdate ____/____/____ _____

Driver's License # _____ _____

Name of Applicant

Signature of Applicant

Name of Witness

Signature of Witness