



Volunteer Background Check Authorization

Print Name: _____ (First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Former Name(s) and Dates Used: _____

Former Name(s) and Dates Used: _____

Current Address Since: _____ (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____ (Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____ (Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ - - DOB: _____ / _____ / _____ MM DD YY

Telephone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Woodland Oaks Church of Christ and its designated agents and representatives to conduct a comprehensive review of my background causing a background consumer report and/or an investigative consumer report to be generated for purposes of working with children and/or youth groups. I understand that the scope of the background consumer report/investigative consumer report may include the following areas: verification of social security number; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Woodland Oaks Church of Christ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Woodland Oaks Church of Christ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____