



## Permission to Obtain a Background Check

**Sensitive and confidential information – handle with extreme care.**

Please fill out the information below by filling in the shaded areas using Microsoft Word or by printing the form and filling it in by hand. When you are finished, please print and secure the form in a *sealed* envelope with the ministry leader’s name on the front, then return it to the church office, ministry leader, or drop in any of the black boxes at the Ministry Center exits.

This form is kept confidential and is reviewed by staff of Crosswinds Wesleyan Church only. If you have questions regarding this form, you may speak with a ministry leader by calling the church office at (585) 394-5857 and make an appointment with that person.

Last Name:	First Name:	M. I.	Gender:

Other Name(s) Used (alias, maiden, nickname):	
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Current Address from Date (MM/YY):	/		
Street:	City:	State:	Zip:

Former Address from Date (MM/YY):	/		
Street:	City:	State:	Zip:

Home or Cell Phone:	Date of Birth (MM/DD/YY):	/	/
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Social Security Number:	
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Driver’s License Number:	State in which Driver’s License is Issued:
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I, the undersigned applicant, authorize Crosswinds Wesleyan Church through its independent contractor, Protect My Ministry, to procure background information (also known as a “consumer report” and/or “investigative consumer report”) about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records. I also authorize Crosswinds to obtain the above-mentioned reports at any time during the application process or during my term as a volunteer or my term of employment with Crosswinds.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Crosswinds Wesleyan Church, if such is made within a reasonable time from the date it was produced.

**YOUR SIGNATURE, VERIFYING ALL INFORMATION:**

By checking the box and signing below, I am acknowledging that I have not misrepresented any information and have provided, to the best of my knowledge and ability, accurate and correct information.

Check here  if all information provided is accurate to the best of your knowledge.

Applicant’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature (if applicant is under age 18) \_\_\_\_\_ Date: \_\_\_\_\_