

# National Background Screening Consent Form

## Grace Bible Church of Hawk Mountain

12 Molino Road  
Orwigsburg, PA 17961  
570-366-2658

PERSONAL INFORMATION		
Applicant's Legal Name: <i>(First, Middle, Last)</i>	Date of Birth: <i>(mm/dd/year)</i>	Social Security Number - -
Physical Address:		
City, State, Zip		
Driver's License Number:	State:	Aliases / Maiden Name:

I the undersigned, authorize and give consent for the above-named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- PA Child Abuse Clearance
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification
- Motor Vehicle Records *\*If applicable*

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm, or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above-named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

INTERNAL USE ONLY		
Date received:	Date Submitted:	Application Granted: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Date: