

**Criminal Records Check and Authorization** *(Those under 18 are not subject to check)*

I hereby request a criminal background check and release of any information, which pertains to any record of convictions in its files or in any criminal file maintained on me whether local, state or national. I hereby release any criminal law enforcement agency from any and all liability resulting from such disclosure. Any person or entity relying on this request may rely on a photocopy or facsimile as if it were an original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Name \_\_\_\_\_ Phone \_\_\_\_\_  
(please print) Last First Middle

Print all other names you may have gone by (including maiden name):  
\_\_\_\_\_

Place of birth \_\_\_\_\_

County you live in \_\_\_\_\_ Counties lived in over past 5 years \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_

**Applicant's Statement**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of this evaluation by Christian Life Fellowship, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for all damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the Bylaws and policies of Christian Life Fellowship and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Signature \_\_\_\_\_  Approved  Denied

Name \_\_\_\_\_



# Early Childhood Ministries

# Volunteer Screening Application



