Chapel Rock Christian Church

Background Investigation Consent Form

Background Investigation Consent

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Chapel Rock Christian Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my service with Chapel Rock Christian Church.

I acknowledge all information provided by me will be kept confidential and that my personal information will be used solely for the purpose of obtaining verification of my character and fitness to serve as a volunteer.

I release Chapel Rock Christian Church and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

**Full Name** (Printed)

**Maiden Name or Other Names Used**

**Present Address**

**How Long at Present Address?**

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip**

**Former Address**:

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip**

**How Long at Former Address**?

**Date of Birth\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Social Security Number**:

**Driver's License Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State of License**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Candidate** **Date**

*This form has been reviewed by*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date*:

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for service. Chapel Rock Christian Church abides by all applicable state and federal employment laws.

**Chapel Rock Christian Church**

**Volunteer Service Form**

# “*Having gifts that differ according to the grace given us, let us use them*.” Romans 12:6

Welcome! Please take a moment to read some special information about volunteer service at Chapel Rock. First, thank you for considering volunteer service. Please know that your special gifts are appreciated! Coordinating the use of volunteers is a challenging, but rewarding task. Our congregation could not function without the support and commitment of volunteers. This form helps us to make the best use of our volunteers. Thanks for taking just a few minutes to fill it out.

**Part 1**: ***Personal Information***. All volunteers are asked to complete Part 1 of this form. We keep this information on file and use it to coordinate our use of volunteers.

**Part 2**: ***Volunteer Drivers***. All volunteers who will drive a church vehicle or serve as a volunteer driver as part of their service to the church are asked to complete Part 2.

**Part 3**: ***For Volunteers Who Work With Children, Youth, Senior Citizens, the Developmentally Disabled, or In A Counseling Position***. All volunteers who work with children, youth senior citizens, the developmentally disabled, or in a counseling position are asked to complete Part 3 of this form.

If you have any questions concerning any part of this form, please ask! Just contact the church office.

Again, thanks for your help and partnership with us!

## PART 1: PERSONAL INFORMATION

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date

Current Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip Code

Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime phone if different than home ( )

Birthdate (*month & day only*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you attended Chapel Rock Christian Church? \_\_\_\_\_\_\_ years \_\_\_\_\_\_\_ months

Are you a member of Chapel Rock Christian Church? YES ❒ NO ❒

If yes, please indicate how long you have been a member: \_\_\_\_\_\_\_ years \_\_\_\_\_\_\_ months

In what capacity do you desire to offer your services as a volunteer with Chapel Rock?

## PART 2: DRIVING INFORMATION

***----- CONFIDENTIAL -----***

Complete **Part 2** if you will drive a vehicle as part of your volunteer service to Chapel Rock.

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Issue

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate

Type of License: Operators ❒ Commercial ❒ Chauffer ❒

Do you have any restrictions on your driver’s license? YES ❒ NO ❒

If yes, please note here:

Have you been involved in any motor vehicle accidents while driving during the past 5 years? YES ❒ NO ❒

If yes, please note here:

Have you been convicted of any moving violations during the past 5 years? YES ❒ NO ❒

If yes, please note here:

Do you carry liability insurance on your vehicle?

YES ❒ If yes, please identify the insurance company:

NO ❒ If no, do not drive as a volunteer. All volunteer drivers *must* have liability insurance coverage.

I represent that each of my responses is truthful and accurate. I agree to notify Chapel Rock Christian Church within a reasonable time of any changes in the above information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

## PART 3: PROVIDING A SAFE ENVIRONMENT

***----- CONFIDENTIAL -----***

*Complete* ***Part 3*** *if you will work with children, youth, senior citizens, the developmentally disabled, or you will serve in a counseling position as part of your volunteer service to Chapel Rock.*

Are you 18 years of age or older? YES ❒ NO ❒

Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation, or are you now under charges for any criminal offense? (A criminal conviction will not necessarily disqualify you from consideration.) YES ❒ NO ❒

If yes, please fully explain here:

### Training, Experience, Professional Certifications or Licenses

List any additional training or experience you have had that qualifies you for the position you are seeking, including any professional license or certification.

### References from Chapel Rock

List below two personal references and their phone numbers within our church who are well acquainted with you. Do not list relatives.

### VOLUNTEER’S STATEMENT – READ CAREFULLY!

In consideration of the receipt and evaluation of this application by the church, I agree and represent that:

* The information contained in this application is correct to the best of my knowledge.
* I authorize any references, or any other person or organization, whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service. I hereby release any individual, church, denominational agency or official, reference, or any other person or organization, including record custodians, both collectively and individually, and whether or not identified in this application, from any and all liability for 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, excepting only the communication of knowingly false information. 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 release, which I have read and understand. I understand that I may consult with an attorney before signing this document. A facsimile or photocopy of this authorization shall be as valid as the original. I further understand that a criminal records check may be conducted on me, and I consent to any such check.

I (*check one of the following two options*): **waive** ❒ **do not waive** ❒ any right that I may have to inspect any information provided about me by any person or organization described above.

**I have read and understand the above provisions and agree to them.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date