

# ESCANABA NEW LIFE ASSEMBLY OF GOD

## BACKGROUND CHECK – CONSENT

I, \_\_\_\_\_(applicant complete name).  
hereby authorize Escanaba New Life Assembly of God to make an independent background  
check into criminal or police records, including those maintained by both public and private  
organizations and all public records for the purpose of confirming information to my  
qualifications as a volunteer with New Life Assembly of God.

I release Escanaba New Life Assembly of God and any person or entity, which provides  
information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in  
regards to the information obtained from the above sources.

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

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<b>Print Name – FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>
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Maiden name or other names used \_\_\_\_\_

Present Street Address: \_\_\_\_\_ How Long? \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Street Address: \_\_\_\_\_ How Long: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Date of Birth**

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**Driver's license #**

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**State of License**

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**Signature**

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**Date**

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*Office Information:*

*Department / Name - submitting request:* \_\_\_\_\_

*Date of check completed:* \_\_\_\_\_

*Approval and or comments:* \_\_\_\_\_

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