

Informed Consent for Background Checks

The position for which you have applied requires working with children under the age of 18. It is our policy to conduct background checks ourselves or through other agencies on all persons who work with children and youth, both staff and regular volunteers in any leadership position. Background checks will be made in regard to the following charges/arrests/convictions: child abuse or neglect, murder, manslaughter, felony level assault or any assault crime committed against a minor, kidnapping, arson, criminal sexual conduct, illegal use of drugs, drunk driving and prostitution-related crimes.

Full Name: Last _____ First _____ Middle _____

Any other legal names you have had or names you have used? If so, list them below:

Address _____ City _____ State _____

Home Phone _____ Work Phone _____ Cell Phone _____

Maiden Name (if applicable) _____ Date of Birth: _____ Sex: _____

Driver's License # _____ State driver's license issued in _____

Social Security # _____

Have you ever been convicted of any of the crimes listed above or any felony? Yes _____ No _____

If yes, please explain: _____

I authorize **Rose of Sharon Baptist Church** to conduct, or to employ outside agencies to conduct a background check and The information contained in this application is correct to the best of my knowledge. I hereby authorize **Rose of Sharon Baptist** and its designated agents and representatives to conduct a comprehensive review of my background as listed in paragraph one of this form.

I further authorize any individual, company, firm, corporation, or public agency (including law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Rose Of Sharon Baptist Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

****Rose of Sharon Baptist Church** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates

I further authorize **Rose of Sharon Baptist Church** and its designated agents and representatives to conduct a background check on a yearly or random basis while I am employed or serving as a volunteer.

Signature: _____ Date: _____

You have the following rights:

The right to be informed by the church of any outside agencies response to the background check and to obtain from them a copy of the background-check report.

The right to obtain from the church any record that forms the basis for the report.

The right to challenge the accuracy and completeness of any information contained in the report or record.

The right to be informed by the church if your application to be employed with, volunteer with, or continue as an employee or volunteer has been denied because of the agency's response.

Please list all addresses for the last 10 years on the back of this form.

