

BETHEL CHURCH

AUTHORIZATION TO PERFORM BACKGROUND CHECK

Please circle the Campus you are applying for:

Campus:	Richland	Prosser	West Pasco	Kid's Express
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Please circle the Ministry you are applying for:

Ministry:	Children's	MS	HS	Women's	Sports	Adult Ministries (Small groups)
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First Name (Required)	Middle Name (Required)	Last Name (Required)
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Current Address (Required)	City	State	Zip	Date of Birth 00/00/0000
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Phone	Marital Status	Male/Female	Former Name (Maiden), other names used
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Addresses for the Past Seven Years: (include street, city, state, zip code)	Dates of Residence:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Social Security Number (Required)	Driver's License #	Eye Color	State
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I do hereby authorize Bethel Church to perform background checks related my background history. I understand I have the right to review any information Bethel Church receives. To review such information, I understand I will be required to make an appointment during Bethel's regular business hours. Bethel Church's representative will schedule said appointment within two weeks of the request. Background information will be reviewed by staff of Bethel Church and kept in a secure file in the Bethel office.

By signing below, I confirm that the above information is true and correct, as listed.

Printed Name (Required)	Applicant Signature (Required)	Date
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