

BETHEL CHURCH

AUTHORIZATION TO PERFORM BACKGROUND CHECK

Please check appropriate box:

Campus: Richland Prosser West Pasco Kid's Express

Please check the ministry you are applying for:

Ministry: Children's MS HS Women's Sports Adult Ministries (Small groups)

First Name (Required)

Middle Name (Required)

Last Name (Required)

Current Address (Required)

City

State

Zip

Date of Birth 00/00/0000

Phone

Marital Status

Male/Female

Maiden Name or any other names used

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

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

NOTE: Bethel Church requires an updated background check every three years. By signing this document authorization is given to conduct additional background checks as needed.