



## Background Check Consent Form

I, (print full name) \_\_\_\_\_ do authorize Starkville First United Methodist Church to make an investigation of my background, references, character, past employment, criminal records and where applicable, my motor vehicle records and financial records, for the purpose of confirming the information contained on my job application or volunteer form.

I understand this authorization extends to the obtaining of information which may be material to my qualifications for employment or as a volunteer.

I release Starkville First United Methodist Church and Verified First Technologies from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above reference sources used.

### Please Print All Information

Name (First, Middle, Last) \_\_\_\_\_

Birthday (Month/Date/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address (City, State, Zip) \_\_\_\_\_

Email \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

*Pending the background check, what ministry area will you be volunteering/working with? (Circle all that apply)*

Weekday Ministries      Children      Youth      College      Other \_\_\_\_\_

**Once we receive this Background Check Consent Form from you, our church office will send the Background Check Form for you to complete electronically. How would you like to receive the background check form? (Please circle below)**

Text      Email

*By signing below, I acknowledge the material above to be true and correct to the best of my knowledge.*

Applicant Signature / Date \_\_\_\_\_

**Supervisor Use Only:** Will this applicant be driving an SFUMC vehicle?    YES    NO

**Office Use Only:** Date this form was processed: \_\_\_\_\_ Initials: \_\_\_\_\_