



Volunteer Waiver and Background Check Authorization Form

To Be Completed By Volunteer

Please print all requested information in order to register as a volunteer and to have Forks of Elkhorn Baptist Church perform a background check.

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____

Former Name (if applicable): _____

Are you a church member at Forks of Elkhorn Baptist Church? Yes No

Do you have children in the Children's Department at Forks of Elkhorn Baptist Church? Yes No

Have you ever worked with children other than your own in a childcare setting? Yes No

I hereby authorize Forks of Elkhorn Baptist Church to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, education and employment. I hereby release Forks of Elkhorn Baptist Church and its elected officials, employees, agents and assigns, as well as the Company performing the background check and its employees, from all liability resulting from the furnishing of this information to Forks of Elkhorn Baptist Church. This authorization, in original and copy form, shall be valid for this and any future reports that may be requested.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration as a Forks of Elkhorn Baptist Church volunteer.

Signature: _____ Date: _____