

Background Check Authorization Form & Acknowledgement of Receipt of Child Protection Policies



Safety is one of the greatest concerns of the Preschool and Children's Ministries here at Harmony Baptist Church. We strive to provide a safe environment for our teachers, children, and their families. One of the ways that we create this environment is by providing teachers and volunteers of the highest caliber by performing a thorough background check. This is done to protect not only the church, but the children and the volunteers as well.

As a potential volunteer, teacher, or leader, please fill out all the required information below, sign, date, and return to the Child Advocacy Team for processing. *The online CPP training process must be completed within fourteen (14) days from the date of receipt of the invitation to complete said training.*

Print Name:

(First)

(Middle)

(Last)

Former Name(s) and Dates Used:

Current Address Since:

(Mo/Yr)

(Street)

(City)

(Zip/State)

Previous Address From:

(Mo/Yr)

(Street)

(City)

(Zip/State)

Previous Address From:

(Mo/Yr)

(Street)

(City)

(Zip/State)

Telephone Number:

Email Address:

Social Security Number:

DOB:

Drivers License Number/State:

The information contained in this application is correct to the best of my knowledge. I hereby authorize Harmony Baptist Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; Civil and Criminal Background Check records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Harmony 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.

Harmony 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 applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth. *This form, if clear and approved, will be valid for 14 days to complete and proceed with the CPP training and further testing.*

Signature: _____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF CHILD PROTECTION POLICIES

I understand that the Child Protection Policy of Harmony Baptist Church provides guidelines and summary information about providing a safe environment for our children and youth. **I also understand that it is my responsibility to read, understand and become familiar with the policies.** I further understand that the church leadership reserves the right to modify, supplement, rescind or revise any of the policies and forms from time to time, with or without notice, as they feel necessary and appropriate as so lead by the Lord. When and if such Policy updates are provided to me, **I understand that it is my responsibility to read such updates, place updated material in the proper location of the Policy and disregard the outdated material.** *The church will process background checks every three (3) years and I will need to read the policy for any updates and sign that I have reviewed the Child Protection Policy.*

NOTE: If the applicant fails to comply with the completion of the online training process, this form will be null/void to volunteer with the children of Harmony Baptist Church until all requirements are fully completed. The processing of the application will restart.

Printed Name: _____

Date: _____

Signature: _____

Advocacy Team: _____

Date: _____