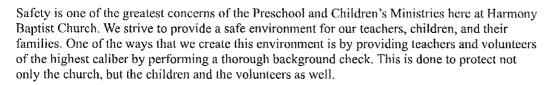
Background Check Authorization Form & Acknowledgement of Receipt of Child Protection Policies





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)	(Mide	dle)	(Last)	
Former Name(s) a		·			
Current Address Si	ince:				
		(Mo/Yr)	(Street)	(City)	(Zip/Sta
Previous Address I	From:	·			
		(Mo/Yr)	(Street)	(City)	(Zip/Sta
Previous Address I	From:	(Mo/Yr)	(Street)	(City)	(Zip/Sta
Telephone Number	r:				
Email Address:					
Social Security Nu	mber:	••••	DOB:		
Drivers License N	umber/State:	<u> </u>			
Church and its desconsumer report a understand that the following areas: verackground, characulf federal, state, co	signated age nd/or an inv e scope of the crification of cter reference ounty jurisdic e any indiv	nts and representative consumer ne consumer report/ Social security nunes; Civil and Criminations; driving record	ves to conduct a cor- report to be general investigative consum- nber; current and pro- il Background Check s, birth records, and a irm, corporation, or	y knowledge. I hereby authorize H nprehensive review of my backgroted for employment and/or volunt ner report may include, but is not evious residences; employment his records from any criminal justice a any other public records.	ound causing a eer purposes. I limited to the tory, education gency in any or social Security
Harmony Baptist C	Church or its	agents. I further at	athorize the complet	nformation, verbal or written, perta e release of any records or data pe have, to include information or data	ertaining to me
nuthorization in a conduction	confidential a ecurity num	nanner in order to pr	rotect the applicant's birth. This form, if	shall maintain all information recopersonal information, including, bucclear and approved, will be valid	t not limited to,
Signature:				Date:	
			1		

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:	and the second s
Signature:		
Advocacy Team:	Date:	