



**Volunteer Application and Authorization for Criminal Records and Background Check**

I, \_\_\_\_\_, hereby authorize Memorial Wesleyan Church to obtain and/or request information about my criminal history from any entity chosen for conducting this search, to release **information regarding any record of charges or convictions contained in the files, and in any criminal file** maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by the city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must in in writing and give 30 days' notice of same. In addition, I will agree to provide a current photo ID.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Full Name: \_\_\_\_\_  
Last First Middle Maiden

Male \_\_\_\_ Female \_\_\_\_ White \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

List all other names previously used by you: \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_

Do you have any legal charges pending against you? Yes \_\_\_\_ No \_\_\_\_

DL #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ State: \_\_\_\_\_

I affirm that the information I have provided above is true and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date