

# Leadership Position Waiver

Personal Information (Please Print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

Church Name \_\_\_\_\_ Project Location \_\_\_\_\_

Leadership Position Holding  Van Driver  Volunteer Staff  Adult: \_\_\_\_\_

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW.

I expressly authorize Mission Serve to make such investigations as it deems necessary in its sole discretion regarding any criminal charges which may have been brought against me, any charges which may have been brought against me for child abuse or attempted sexual molestation of a minor, and any information concerning my personal lifestyle, and I hereby release any person or agency furnishing such information from any and all liability. I also understand that by signing this application I am authorizing Mission Serve to conduct a background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed waiver to your Project Coordinator:

*(Your Project Coordinator)*  
*(Project Coordinator's Address)*  
*(Project Coordinator's Phone Number)*

If no address is listed or known for your Project Coordinator:

Mission Serve  
370 Winkler Drive  
Suite B  
Alpharetta, GA 30004