

BACKGROUND CHECK AUTHORIZATION

PERSONAL INFORMATION - PLEASE PRINT

FULL LEGAL NAME (LAST, FIRST MIDDLE) _____

DATE OF BIRTH (MONTH/DAY/YEAR) _____

CHURCH NAME _____

PROJECT LOCATION _____

ROLE AT PROJECT ☐ 18 + Participant ☐ Driver ☐ Volunteer Staff ☐ Other _____

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 or scan and email completed waiver to your Project Coordinator.

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

Mission Serve
370 Winkler Drive
Suite B
Alpharetta, GA 30004

