



# LAKWOOD UNITED METHODIST CHURCH

## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_ (print complete name), hereby authorize Lakewood United Methodist Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with Lakewood United Methodist Church.

I release Lakewood United Methodist Church and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

\_\_\_\_\_  
Full Name (printed)

\_\_\_\_\_  
Home Phone (xxx-xxx-xxxx)

\_\_\_\_\_  
Maiden Name or other names used

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
How long at this address?

\_\_\_\_\_  
Former Street Address

\_\_\_\_\_  
How long at this address?

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Drivers License Number / State Licensed

Is there any information that may be in your background investigation that needs an explanation? \_\_\_\_\_  
If yes, please explain. Write on back if more space is needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PURPOSE:     Employment     Volunteer – Children     Volunteer – Youth     Other \_\_\_\_\_

The above information is my true and complete legal name, and all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date