

Volunteer Candidate Authorization Form

Background Investigation Consent

I, , hereby authorize Bethel Temple Assembly of God Church (the "Church") and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, 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 herein or on my Application for Volunteer Service and/or obtaining other information which may be material to my qualifications for voluntary service now and, if applicable, during the tenure of my service at the Church.

The information provided in this Volunteer Candidate Authorization Form (and any corresponding Application for Volunteer Service) is and shall be true, correct, and complete in all respects. If I am allowed to participate in volunteer service or ministry at the Church, I understand that any misstatement or omission of fact on this Consent or any corresponding Application may result in my immediate dismissal from service. **All third parties from whom the Church may request information regarding this Authorization (the "third parties") are hereby authorized and directed to provide such information to the Church without limitation, and I hereby unconditionally release and discharge the Church, all third parties, and their respective agents, employees, assigns and representatives from any legal liability whatsoever to me or my estate relating to or for complying with this Authorization.** If I am allowed to participate in volunteer service or ministry at the Church, I agree to conform to the rules, regulations and policies of the Church (as the same may be adopted from time to time), and I understand that my service at the Church is solely on a volunteer basis, without compensation, and may be terminated at any time by me or the Church, with or without notice or reason.

Full Name (Printed)

Maiden Name or Other Names Used

Present Address

How Long at Present Address?

City

State

Zip

Former Address

City

State

Zip

How Long at Former Address?

Date of Birth:

Social Security Number:

Driver's License Number:

State of License:

Signature of Candidate / Date