



## BACKGROUND CHECK AUTHORIZATION FORM Volunteers

As part of the employment process and at any time during the time I volunteer at Grace Fellowship Church, I hereby authorize Secure Search: on behalf of Grace Fellowship Church, to procure a Criminal Background check & Sexual Offender search. This report may be compiled with information from court record repositories, departments of motor vehicles, and any other source of information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation or personal characteristics.

Name: (please print and include full middle name)

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

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

Male \_\_ Female \_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

The following reporting agency will prepare the report:

Secure Search  
558 Castle Pines Pkwy  
Unit B4-137  
Castle Rock CO 80108

Ministry Area:  Children's Ministry  Student Ministry  Women's Ministry  
 Outreach Ministry  Administration