

CROSSROADS CHURCH
CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS
APPENDIX B

BACKGROUND CHECK AUTHORIZATION

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: _____ Birth Date: _____

Telephone Number: _____

Email Address: _____

Drivers License Number/State: _____

If you've lived outside of Pennsylvania in the last 10 years –
Counties lived in the past 10 years _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Crossroads Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Crossroads Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Crossroads Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

___ I state that I am not disqualified from service based on a conviction or determination made by a child abuse investigation. Nor have I been convicted a felony or misdemeanor, or of an offense similar in nature to those crimes under the laws or former laws of the United States, or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth.

___ I report that I have been named as a perpetrator of a founded report of child abuse, or I have been arrested for or convicted of a felony or misdemeanor. For each arrest or conviction of any reportable offense, provide all details:

Signature: _____

Date: _____