

CONFIDENTIAL
Volunteer Clearance Authorization

Thank you for your interest in volunteering. To complete the confidential screening process for all who wish to volunteer their services, please complete the information below. Please turn this in to the office along with \$10 cash or check made out to SRVCA.

Print Name: _____

(First, Middle, Last)

Former Name(s) and Dates Used: _____

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

Previous Address From: _____
(Mo/Yr) (Street, City, Zip/State)

Previous Address From: _____
(Mo/Yr) (Street, City, Zip/State)

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Telephone Number: _____ - _____ - _____

Driver License Number: _____ Driver License State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Community Presbyterian Church and its designated agents to conduct an investigative report for employment and/or volunteer purposes. I understand the scope of the consumer report/investigative report may include, but is not limited to the following areas: verification of social security number, current and present residences; and criminal history records from any criminal agency in any or all federal, state and county jurisdictions.

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 Community Presbyterian 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.

Community Presbyterian Church and its designated agents and representatives shall maintain all information received from this authorization in a highly confidential .

Signature: _____ Date: _____