

Request for Criminal Records Check and Authorization

Circle which Team(s) you wish to serve at JICC:

Auditorium Communion Greeter Connect/Lobby Kids Parking Prayer Production Worship

Current member: yes ___ no ___ **Interested in membership:** yes ___ no ___

PRINT Full Name: _____

PRINT All Aliases: _____

Date of Birth: ____/____/____ **Place of Birth (City, State):** _____

Social Security Number: ____ - ____ - ____ **Driver's License Number:** _____

Current Address: (STUDENTS – Write your home/permanent address – NOT school address)

Street: _____

City: _____ State: _____ Zip: _____

Previous Address:

1. Street: _____

City: _____ State: _____ Zip: _____

2. Street: _____

City: _____ State: _____ Zip: _____

Follow-up contact info:

Phone: _____ Email: _____

References: (Please list two non-family personal references that you have known for at least two years.)

Reference 1

Name: _____

Phone: _____

Email: _____

Relationship: _____

How long have you known this person? _____

Reference 2

Name: _____

Phone: _____

Email: _____

Relationship: _____

How long have you known this person? _____

I hereby request and release JICC Church from any liability associated with acquiring, viewing, or acting upon any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national.

I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

I hereby authorize JICC Church to speak at its discretion with anyone it deems appropriate in making a determination about the applicant's/volunteer's suitability and character.

I hereby state that all the provided information is true. I agree to abide by all instructions from JICC staff and affirm there are no reasons I am unsuitable to act as a volunteer.

Signature: _____ **Date:** _____