Safe Sanctuary Policy First Presbyterian Church, Arlington Heights, Illinois

Background Screening Consent Form

Full Name (Printed):			
Maiden Name or Other Names Used:			
Social Security Number:	Date of Birth:		
Address:		(mm/dd/yyyy)	
City:		_ Zip:	
Primary Phone:	Email:		
How Long at Present Address?:	If less than 7 years at currer	nt address please complete:	
Former Address:	How Long at Former	How Long at Former Address:	
City:	State:	Zip:	
employment, internship, or service as a volunteer. First employment laws. I,	, hereby authorize First Presbyteris f my background that may include: police records, including those mai ls for the purpose of confirming the rmation which may be material to i	an Church and/or its references, character, ntained by both public information contained my qualifications for	
I release First Presbyterian Church and its agents a to this authorization, from any and all liabilities, c any and all of the above referenced sources used. and all information is true and correct to the best of	claims or law suits in regards to the in The information provided is my true	formation obtained from	
Signature of Applicant:	Dat	e:	
Review Date:			
Printed Name of Reviewer:			
Signature of Reviewer:			

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Church Activity / Experience

1) Describe your relationship with First Presbyterian Church
Please check:
Member
Regular Attendee - When did you begin attending? (Month and Year)
PDO Staff Member
PDO Volunteer
2) Have you had leadership, volunteer, training or education that has prepared you to work with with children or youth? If yes, please list.
3) Are you currently involved in any Church ministries and activities?