

CONSENT TO RELEASE OF CONFIDENTIAL INFORMATION

I desire to work with Children/Youth or Security at First Baptist Church of Charlotte, Michigan and wish the church to be informed as to my past record and character. I therefore authorize any persons, references, employers, church or organizations with whom I have had contact to release to the church any information. This includes information they may have regarding my record, character, and fitness for children/youth/security work. I also authorize this church to contact any law enforcement or social service agency to determine whether I have been charged or convicted of a crime. I authorize such agencies to release such information to the church. I release the church and its agents, as well as all persons, organizations, and agencies from liability for any damage that may result from exchanging such information. I waive any right I may have to inspect such information provided on my behalf, except information that is a matter of public record.

PLEASE USE YOUR FULL LEGAL NAME

Last Name: _____ First name: _____ Middle Initial: _____

Maiden name: _____ Other name: _____

Date of Birth: _____ Sex: _____ Ethnicity: _____

Social Security Number: _____

Driver License Number: _____ State: _____

Email: _____

Phone number: _____

Address: _____

City, State, ZIP: _____

Signature: _____

Date: _____

Witness: _____

Date: _____