

Prospect Baptist Church Permission for Release of Information From Driving and/or Criminal Records

 Last Name
 First Name
 M.I.

Dear PBC volunteer/staff member,

Please read and initial each item carefully, fill in the information on the back, sign and return to the church office.

 I hereby give my permission to release my information from law enforcement files concerning, among other things, my past history of sex offenses or offenses against children with which I may have been charged or convicted to Prospect Baptist Church and that subsequent background checks will automatically be performed periodically if I am still a volunteer or staff member.
 I understand that the information to be released will include, but may not be limited to charges and/or convictions of carnal knowledge of a child under 18 years of age, sexual battery, seduction of a child under the age of 18, touching a child for inappropriate purposes, disseminating sexually oriented material to children, exploitation of children, carnal knowledge of a stepchild, adopted child or a child or a cohabiting partner or unnatural relations.
 I understand that information will be released on any conviction, any pending charges of any arrests if I have been arrested two or more times.
 I understand that Prospect Baptist Church has the right to require this record check as a condition of volunteering or employment.
 I understand that, upon request, I will be provided a copy of any information released from my files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of this information.
 I understand that this information will be used only for volunteer/employment purposes and will not be disseminated to other persons or used for any other purpose.
 I understand that if I refuse to release my criminal records to Prospect Baptist Church, the church reserves the right to dismiss me from any volunteer or employment work with any person under the age of 18. This is required per Prospect Baptist Church insurance.
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Please continue to the back



Please fill out in its entirety and return to the church office.

AREA OF SERVICE				
Last Name	First Name	M.I		
EMAIL (required): We need a valid email address i	n order to send you required child sexual	abuse prevention training.		
Phone # (Cell)	(Home)			
Physical Address				
City	State	Zip		
**If you have not lived at this pl address from the last 7 ye	nysical address for at least 7 years, please in ears below.	nclude any other physical		
Other Physical Address				
City	State	Zip		
Mailing Address				
City	State	Zip		
Social Security #		Date of Birth		
Drivers License #		State Issued		
Printed Name				
Signature	1	Date		