



BACKGROUND INVESTIGATION CONSENT FORM

Thank you for your willingness to serve. This consent form will enable us to perform a necessary background check. Please return this form to the church office as soon as possible. Your cooperation with this request is appreciated.

I, _____, hereby authorize Dover Christian Church to make an independent investigation of my background, references, character, past employment, criminal or police records, for the purpose of validating my background. I do release any police/sheriff's department from all liability that may result from any such disclosure in this background check.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Name (First/Middle/Last) _____

Maiden Name/Other Name Used _____

Date of Birth: Month ____ Date ____ Year _____ State _____

Race (circle) : White Black American Indian/Alaskan
 Asian/Pacific Islander Unknown Multi Racial

Gender _____

Signature _____

Today's Date _____

* Social Security Number ____ - ____ - _____ (This page will be destroyed when background check is completed to protect your identity).