

# Green Lawn Church of Christ

## • • • Parent/Community Volunteer: Criminal Background Check Approval • • •

**Last Name** **First Name** **Middle Name or Initial**

Maiden or other name(s) used in any and all other records of birth or records of residence.

Address Apartment or #

City County State Zip

Date of Birth Social Security Number Gender Race

### TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF A PERSONNEL FILE.

In connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize Green Lawn Church of Christ and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, personal references; personal interviews; and driving record. I do hereby consent Green Lawn Church of Christ's use of any information provided on this form or during the volunteer process in performing the investigative report. Green Lawn Church of Christ has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to allow me to volunteer. I agree to release, indemnify and hold harmless Green Lawn Church of Christ and any reporting agency the Church uses with regard to any information reported by the reporting agency. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Green Lawn Church of Christ.

The following are my responses to questions about my criminal history (if any).

1.  YES  NO Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). If "Yes," please provide details below.

State: County: Date of Offense: / /

Details of conviction:

2.  YES  NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If "Yes," please provide details below.

State: County: Date of Offense:

Details of offense:

3.  YES  NO Have you ever received probation or community supervision for any federal, state or municipal offense? If "Yes," please provide details below.

State: County: Date of Offense:

Details of supervision:

