

EASTRIDGE BAPTIST CHURCH

BACKGROUND AUTHORIZATION AND RELEASE FORM

Note: Submitting an incomplete or illegible form may delay the background check results.

I hereby AUTHORIZE any agency to furnish Eastridge Baptist Church with any and all criminal history and identity check information regarding me for the purpose of consideration for a position as a youth or children volunteer within Eastridge BC. I agree that a photocopy of this authorization can be accepted with the same authority as the original. I understand this AUTHORIZATION and the results are to be kept confidential within Eastridge BC.

I understand that a position as a youth or children volunteer requires a full criminal background and identity check for the purpose of evaluating me for that role. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal from the youth or children's program.

PRINT LEGAL NAME: _____
Last First Middle

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** XXX-XX-

HOME PHONE #: _____ **BUSINESS PHONE #:** _____

OTHER NAMES YOU HAVE USED:
(INCLUDE MAIDEN NAME IF APPLICABLE) _____

Current Address: _____

Street Number & Name City State Zip How Long?

SINCE YOUR 17TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF A MISDEMEANOR CRIME OR A FELONY OR FELONY-REDUCED-TO MISDEMEANOR CRIME BY ANY COURT FOR ANY OFFENSE? YES NO

If yes, please indicate date, location and explanation:

HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER ANOTHER NAME? YES NO

IF YES, INDICATE NAME: _____

DRIVER'S LICENSE INFORMATION: _____
License number Expiration Date State of Issue

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that Eastridge Baptist Church solicits this information in order to be informed of my previous record(s) and character. I understand that my position as a youth or children volunteer depends upon successful completion of a criminal background investigation. Once utilized in a youth or children volunteer capacity, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal if discovered.

APPLICANT SIGNATURE: _____ **DATE:** _____



Eastridge Baptist Church
732 E. Ovilla Rd.
Red Oak, TX 75154
(972) 617-2338

General Questions: children@eastridgebc.com

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	