

**TRINITY PRESBYTERY COMMITTEE ON MINISTRY
TEACHING ELDER BACKGROUND CHECK CONSENT FORM**

I, _____ (applicant's complete name), hereby authorize Trinity Presbytery and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with Trinity Presbytery.

I release Trinity Presbytery and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

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

_____ Full Name (Printed)

_____ Maiden name or other names used

_____ Present street address _____ How long?

_____ City, State, Zip

_____ Former street address _____ How long?

_____ City, State, Zip

_____ Date of Birth _____ Social Security # _____ Driver's license # _____ State of license

_____ Signature _____ Date

REQUESTOR'S NAME AND PHONE: _____

FOR OFFICE USE ONLY	
Checks conducted (initial and date):	Payment received: \$_____
_____ SSN Verification and Address History	_____ Cash: _____ Check
_____ National Criminal Database Check	
_____ National Sexual Offenders Registry Check	
_____ Motor Vehicle Records Search	Results of Background Checks given to:
_____ Employment Verification (optional)	_____ General Presbyter
_____ Education Verification (optional)	_____ Requestor
_____ Other:	