MANSFIELD BIBLE CHURCH

Authorization for Release of Information for Volunteers/Workers

I hereby give my permission for Mansfield Bible Church to obtain information relating to my criminal history through courts, law enforcement agency, department, of any city, county, state or federal government or any person or organization having knowledge of my identity. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I hereby authorize Mansfield Bible Church or authorized representative bearing this release or copy thereof, to conduct an appropriate check of, including, but not limited to, records, personal interviews, memoranda, reports of other documents, court documents, driving records, for verification. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I hereby further authorize and acknowledge that a photocopy or fax of this authorization may be considered as valid as an original.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Mansfield Bible Church and its authorized representative and each of their officers, directors, employees, members, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, damages, debts, sums of money, claims, and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/employee member.

I understand that all information gathered will be considered strictly confidential except as otherwise agreed.

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Applicant's Signature Date

Date of Birth

Please Print Full Name

Please Print All Other Dates of Birth Used

Please Print Full Maiden Name If Applicable

Social Security Number

Please Print All Names Used

Driver's License Number and State

Current Telephone Number

PLEASE PRINT INFORMATION FOR RESIDENCES FOR LAST TEN YEARS:
(Use additional paper, if needed. **Begin with your present address**.)

Street	City	County	State	Zip	Date(s)
City	County	State	Zip	Date(s)	(Name Used At Residence)
City	County	State	Zip	Date(s)	(Name Used At Residence)
City	County	State	Zip	Date(s)	(Name Used At Residence)
City	County	State	Zip	Date(s)	(Name Used At Residence)