

Child Protection Background Information Request Form

Full Name (First, Middle, Last): _____

Maiden Name (if applicable): _____

Current Address: _____

(Street)

(City)

(State)

(Zip code)

Current Phone Numbers: _____

Birthdate: _____ / _____ / _____
(Month) (Day) (Year)

Social Security Number: _____ - _____ - _____

I give First Mennonite Church of Denver employees Tory Doerksen and Theda Good permission to conduct and review the results of a background information check contracted by Background Information Services, Inc. (Boulder, CO). The provided personal information above is accurate, and I allow them to use the information provided to search Colorado Criminal Records as well as the National Crime Index.

(Signature)

(Date)

I affirm that, to the best of my knowledge, the information on this application is correct. I authorize any individual, organization or church listed on this application to supply any information (including opinions) that may pertain to my character and fitness to work with children.

Regarding the information gathered pertaining to me, I release any individual, organization, or church from any and all liability for damages that may result to me or my family. In order to ensure confidentiality, I waive any right to inspect any of the information provided about me by any individual, organization, or church.

I have received a copy of the FMC Child Protection Guidelines and Procedures. I have been informed that a criminal background check will be conducted, and I give permission for this to be done. I will attend Child Protection Training Classes.

Should my application be accepted, I agree to be bound by the church constitution, bylaws, policies, etc., and to refrain from unscriptural conduct in the performance of my service and with children.

I have carefully read this affirmation and waiver. I understand its contents, and I sign it freely.

(Signature)

(Date)