

FREEDOM HOUSE

true freedom ministries

P.O. BOX 850
SLOCOMB, AL 36375
334-258-6121



Background Check Authorization Form

Applicants Full Name (printed): _____

Social Security Number: _____ Date of Birth _____

Applicant Address: _____

City _____ State: _____ Zip Code _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local and National Criminal background records/information
- Sex Offender Registry
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background check deemed necessary throughout the length of my volunteer/committed assignment with this Organization.

Print Name: _____ Date: _____

Signature: _____