

Background Check Authorization

CONFIDENTIAL

This authorization is being used to help CrossWay Community Church provide a safe and secure environment. Staff, elders, and any adult interested in serving in children's or student ministries must be run through our background check process every five years. This process includes background checks in WI and IL, along with national background checks as necessary.

The information contained in this authorization will only be disclosed to those who have a genuine need to know. Only the pastors, Elders, or person responsible for a particular ministry area will have access to this authorization. Any information contained in the criminal records check will be accessible only to the staff and Elders and will be held on a strictly confidential, need-to-know basis. All authorizations and criminal records will be appropriately secured in a locked cabinet.

Complete this form only if you are at least 18 years old.

GENERAL INFORMATION		
Name		
Maiden Name/ Aliases		
Date of Birth	Social Security Number	Race
RELEASE OF INFO	RMATION (Read carefully before signing	ng.)
I affirm that, to the be	est of my knowledge, the information pro	ovided above is complete and correct.
result of good faith ef		from any and all claims which may arise as the nation about me as it relates to my background,
contained in law enfo	rcement files or in any criminal file main	on which pertains to any record of convictions tained on me whether local, state, or national. sencies from any and all liability resulting from
_	by the bylaws and policies of CrossVin the performance of my services on beh	Vay Community Church, and to refrain from alf of the church.
I HAVE CAREFULI AND I SIGN IT FRE		WAIVER. I UNDERSTAND ITS CONTENTS,
A 1' '2' G' '	:	Date: