

575 Brawley School Rd. Mooresville, NC 28117 704.664.3680 **Phone** 704.664.0939 **Fax** www.willchapumc.org

Confidential Volunteer Application Form

Name:	Date:
Current Address:	
City:	Zip:
Home Phone:	
Mobile Phone:	
Email Address:	
Are you willing to transport children/youth?	Yes No
Do you have a valid drivers license? Yes	No
Are you CPR/First Aid certified? Yes	No
Have you ever been charged, convicted of, of demeanor or a felony (including but not limited abuse, other crimes of violence, theft, or moto Yes No	d to drug-related charges, child
If "yes," please explain:	
Safe Sanctuary Trained by:	
Date:	

Permission to Obtain a Background Check

This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least two years after requesting a background check.

I, the undersigned applicant (also known as "consumer"), authorize Williamson's Chapel United Methodist Church, through its independent contractor, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Williamson's Chapel United Methodist Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

written summary of my rights under the Fair Credit Reporting Act.		
Signature:	Date:	

<u>(also known as "Consumer Reporting Agency")</u>

Print Name:			
	First	Middle	e Last
Other Names l	Jsed (alias, maiden, I	nickname):	
Current Addres	<u>SS</u>		
Street:			City:
State:	Zip:		
Dates lived at t	this address:		
Former Addres	<u>S</u>		
Street:			City:
State:	Zip:		County:
Dates lived at t	this address:		
Social Security	Number:		Phone Number:
Driver's License	e Number:		State of Issue:
Date of Birth: _		Gender:	