

# BACKGROUND INFORMATION FORM

**PLEASE NOTE: All participants, age 18 and over and participating in an IMB mission project, must have child protection training and submit to a background screening process. THIS FORM MUST HAVE AN ORIGINAL SIGNATURE.**

To better serve in protecting the safety and security of all involved persons, I hereby authorize Long Hollow Baptist Church to perform a background check and receive any information pertaining to me. I fully understand any information obtained therein will be used in the determination of my participating/volunteering for a church-sponsored mission trip.

This background check could include, but is not limited to, a criminal history record search, the National Sexual Offender Registry, Social Security Number Trace, and Motor Vehicle Report.

I GIVE CONSENT TO LONG HOLLOW BAPTIST CHURCH TO PERFORM THE ABOVE CHECKS AS NEEDED FOR THE DURATION OF MY VOLUNTEER SERVICE WITH THEM.

APPLICANT NAME: (PLEASE PRINT LEGIBLY IN INK ONLY. NO PENCIL)

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ ANY OTHER NAME USED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FORMER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

SEX: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_