



11275 SOUTHERN MARYLAND BLVD • DUNKIRK, MD 20754  
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[WWW.DUNKIRKBAPTISTCHURCH.ORG](http://WWW.DUNKIRKBAPTISTCHURCH.ORG)

## Background Check Authorization

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Former Name(s) \_\_\_\_\_  
Date(s) used \_\_\_\_\_ SS# \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Address used since (month/year) \_\_\_\_\_  
Previous Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Address used since (month/year) \_\_\_\_\_  
Previous Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Address used since (month/year) \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Dunkirk Baptist Church** and its designated representatives to conduct a comprehensive review of my background causing a report to be generated for youth protection/volunteer purposes. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history, education background, character references, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Dunkirk Baptist Church**. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Dunkirk Baptist Church**, the social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature \_\_\_\_\_ Date \_\_\_\_\_