

Background Authorization Consent From

*Bethlehem Assembly of God Church/ Valley Stream Christian Academy – Employment or Volunteer Services*

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Bethlehem Assembly of God and or/its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment/volunteer service now and, if applicable, during the tenure of my employment/volunteer service with Bethlehem Assembly of God.

I release Bethlehem Assembly of God and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

IMPORTANT: PLEASE PRINT CLEARLY (BLUE INK ONLY)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please include full last names)

\*Primary Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Campus:  | Valley Stream  | Español  | Rosedale  | VSCA  |
| Ministry:  | Childrens  | Connections  | Creative Arts  | House of Hope  |

 Youth Young Adults Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job/ Volunteering Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUIRED: ONE OF THE FOLLOWING:

A COPY OF YOUR VALID DRIVER’S LICENSE, STATE-ISSUED ID CARD, PASSPORT, SOCIAL SECURITY CARD OR BIRTH CERTIFICATE.

IMPORTANT: This form is for Bethlehem Assembly of God’s records. Once this is filled out and submitted to the Bethlehem Administration Office, you will be receiving an e-mail with a link to fill out the Background Check Form directly to the Background Agency.