

## AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK FOR PROSPECTIVE VOLUNTEERS & GROUP LEADERS

Please provide the following information for the Independence Baptist Association to allow them to obtain a criminal background investigation for volunteer purposes. All reports are considered **CONFIDENTIAL** and are not available for inspection by anyone other than the Association administration necessary employees and the agencies providing such information.

_____ <b>First Name</b>	_____ <b>Middle Name</b>	_____ <b>Last Name</b>		
_____ <b>Social Security Number</b>	_____ <b>Date of Birth</b>	_____ <b>Male/Female</b>		
_____ <b>Current Address</b>	_____ <b>Apt. #</b>	_____ <b>City</b>	_____ <b>State</b>	_____ <b>Zip</b>

**HAVE YOU EVER BEEN CONVICTED OF A CRIME?** YES \_\_\_\_\_ NO \_\_\_\_\_

I, \_\_\_\_\_, am an applicant for volunteerism with the Independence Baptist Association (IBA) and have been advised that as part of the application process the IBA conducts a criminal history background check. I do hereby consent to the IBA's use of any information provided during the application process in performing the criminal history check. The IBA has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer volunteerism. In addition, I have been informed that I will have reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the IBA. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

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

**Please return to:**

Independence Baptist Association  
PO Box 2112  
548 North Central Ave  
Batesville, AR 72501

Or email: [independence613@gmail.com](mailto:independence613@gmail.com)

Or FAX: 870-612-5173