



Confidential Security Packet

Background Check Authorization

Ministry: _____ **Job:** _____

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____
(Maiden) Year Married

Current Address : _____ Since: _____
(Street) (City) (State/Zip) (Mo/Yr)

Previous Address : _____ Since: _____
(Street) (City) (State/Zip) (Mo/Yr)

Previous Address : _____ Since: _____
(Street) (City) (State/Zip) (Mo/Yr)

Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Drivers License/Id Number: _____ State: _____

Are you a member of Stonegate Fellowship? YES since: _____ NO

The information contained in this application is correct to the best of my knowledge. I hereby authorize Stonegate Fellowship and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, credit history, education background, character references; drug testing, 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 Stonegate Fellowship or its agents. 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 Stonegate Fellowship, 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: _____

Background Information

("Yes" answers to these questions will not necessarily disqualify you from service with Stonegate Fellowship)

Have you ever been disciplined by a church? yes no

If yes, please explain

Volunteers at Stonegate Fellowship who work with children and youth, as well as an position that entails spiritual oversight, must submit to various screening processes. The results of all screening procedures are kept in strictest confidence. Please see the Volunteer Handbook for additional information regarding this requirement.

Have you ever been convicted of or pled guilty to a criminal offense (misdemeanor or felony, other than parking violation) in a court of law? yes no

If yes, please provide date(s), location(s), and violation(s):

Have you ever been charged for, pled guilty or no contest or been convicted of any criminal violation of any type of sexual misconduct or abuse concerning a minor? yes no

If yes, please explain

Have you ever been disciplined, suspended, or terminated by any organization due to allegations of any type of sexual misconduct or abuse concerning a minor? yes no

If yes, please explain
