



## Hope Community Church Security Screening Consent Form

Name \_\_\_\_\_,  
(Last) (First) (Middle) Nickname, Maiden, Prior or Alias

Address \_\_\_\_\_

\_\_\_\_\_,  
City ST Zip

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

SS# \_\_\_\_\_ Drivers License # & State, \_\_\_\_\_ DOB \_\_\_\_\_

List all states in which you have lived in the past 7 years. \_\_\_\_\_

Please indicate whether you have ever been arrested for, investigated for, charged with, indicted or convicted of any crime (other than minor traffic offenses) in ANY STATE: \_\_\_\_\_ (Yes/No)

If you answered "Yes," please provide the details of the offence or alleged offence, including the nature, date and location of the conduct involved; the date; the city or county and state of any court proceedings; and the ultimate resolution or disposition of the charges or court proceedings.

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I give permission for a representative of Hope Community Church to screen my criminal history via computer or other means. \_\_\_\_\_ (Yes/No)

I hereby affirm that the above representations are true to the best of my knowledge, and give permission for a representative of Hope Community Church to verify the information contained herein by means of a computer-assisted records search, or by such other available means as the church shall deem necessary.

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

The information communicated on this form will be kept in confidence and communicated only to the elders of Hope Community Church (and their contractual agents, if any, in the volunteer screening process) for the sole purpose of screening a volunteer for any criminal history which might affect a volunteers ability to serve in the Children's Ministry at Hope Community Church.