The Alley Church
Background Investigation Consent

I, _____ hereby authorize the Alley Church to make an independent investigation of my criminal or police records for the purpose of confirming the information contained on this form and/or providing an additional level of protection to myself, those with whom I serve and those we serve.

I release the Alley Church and/or its agents and any person who provides information pursuant to this authorization from any liabilities, claims or lawsuits in regards to the information obtained from any of the above referenced sources.

The expiration of this authorization shall be for a period no longer than three years from the date of my signature.

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

_____
Full Name (Printed)

_____
Maiden Name or Other Names Used

_____ _____ _____ _____
Date of Birth Social Security Number

_____
Present Address

_____
City/State Zip

_____
Former Address (If you have lived at your current address for less than 3 years)

_____
City/State Zip

_____
Signature Date

Area of service _____ (nursery, Alleykids, women's shelter, counting)

Email/phone _____