



Children's Dept. Volunteer Background Check Form

First Name: _____ Last Name: _____

Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

SSIN: _____ Date of Birth _____

Gender: _____ Drivers Licence : _____ State: _____

Area of Ministry (circle one) Nursery Toddler K-2 3rd - 6th Jr. Hig/High School

I authorize The Well Church and its designated representatives to conduct a review of my background for volunteer purposes. I understand the scope of the report may include, but is not limited, to the following areas: verification of social security number and criminal history records from any criminal justice agency in any or all federal, state, and county jurisdictions. The Well Church and its designated representatives shall maintain all information received from this authorization in a confidential manner.

Signature _____ Date: _____

Date Background check completed _____ Passed YES or NO

Entered in Planning Center

Director of Children's Ministry Verification Signature _____