



**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA and the DPPA**
(Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)

Full Name
(Printed) _____
Maiden Name or Other Names Used _____

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

Present Address _____
City _____ State _____ Zip _____

How Long at Present Address? _____

Former Address _____
City _____ State _____ Zip _____

How Long at Former Address? _____

Please list all states and counties of residence since turning age 18: _____

Driver's License Number: _____ State of License: _____

The following are responses to questions about your criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO
If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state, or municipal criminal Offense? YES NO
If YES, please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal Offense? YES NO

If YES, Please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO

If YES, Please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you? YES NO

If YES, Please provide an explanation below:

I, _____, hereby authorize Coastal Christian Ocean City and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my service with Coastal Christian Ocean City.

I release Coastal Christian Ocean City and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Name _____ Signature _____ Date _____
(Print)

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for service as a volunteer. Coastal Christian Ocean City abides by all applicable state and federal volunteer laws.