

References

(All information below must be complete in order to process your application)

List two people you have known for at least one year who are not related to you and have definite knowledge of your character and qualifications to represent Harvest Bible Chapel of Orlando and to serve with children. You may include Harvest leaders or staff.

Name: _____ Relationship: _____

Email or Phone Number: _____

Name: _____ Relationship: _____

Email or Phone Number: _____

Have you ever had to deal with the issue of child abuse (being abused yourself, committing child abuse, or being accused of child abuse)? If yes, please explain: _____

Have you ever sought pastoral care or other professional guidance (such as counseling or medical treatment) for issues involving addiction to alcohol, legal or illegal drugs, electronic or printed pornography, or any other addictions? Or, has anyone suggested that you may have a problem with these types of addiction issues? If yes, please explain: _____

Have you ever been arrested for or convicted of illegal use of drugs, pornography, or abuse of a child? If yes, please explain: _____

Authorizations

I authorize Harvest Bible Chapel of Orlando or other outside service company employed & engaged by Harvest for the purpose of performing a criminal background investigation and to seek information from the references listed on this application. I also authorize any references, churches and others listed on this application to give information (including opinions) they may have regarding my character and fitness for serving with children or youth.

I attest and affirm that the information included in this application is both honest and complete in any area information is requested.

I voluntarily release Harvest Bible Chapel of Orlando and any person, organization from any liability regarding the communication of information regarding my background or qualifications. I understand that communication of this information will be kept confidential within Harvest leadership.

I waive any right that I may have to inspect any information provided about me by those I have listed on this application.

Signature: _____ Date: _____

CONFIDENTIAL

Background Check Authorization

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

Former Name(s) and Dates Used: _____

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

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

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

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Harvest Bible Chapel** 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; credit reports, current and previous residences; employment 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 **Harvest Bible Chapel** 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.

****Harvest Bible Chapel** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.