



CHERRY HILLS
COMMUNITY CHURCH

CONFIDENTIAL INFORMATION – ORG DEV DEPARTMENT ACCESS ONLY

This Background Check Authorization and Release Form is for use by the Cherry Hills Community Church Organizational Development Department only. None of those responsible for making decisions will have access to this form. The information provided by the applicant on this form is only intended for use in conduction background checks and not for any decisions regarding serving with Global Missions.

BACKGROUND CHECK AUTHORIZATION AND RELEASE

I have applied to serve on a Global Missions Trip with Cherry Hills Community Church. All the information that I have provided during the course of the application process is complete and accurate to the best of my knowledge. I understand the misrepresentations or omissions are grounds for rejection of my application or dismissal from serving if discovered after my service begins.

I understand that a background check is part of the application process. I request and authorize Cherry Hills Community Church, for purposes of a background check, to contact an outside agency of their choice to conduct background checks.

I agree that the background checks may cover any relevant information, including, but not limited to, any convictions related to violations of law.

I agree to hold harmless and to waive any and all claims I may have against Cherry Hills Community Church and its agents and employees for any and all loss or injury I may sustain as a result of Cherry Hills Community Church’s investigating my background in accordance with this release. I also agree to hold harmless and to waive any and all claims I may have against the entities, individuals, agents and employees who provide information to Cherry Hills Community Church in connection with Cherry Hills Community Church’s investigation of my background, for any and all loss or injury I may sustain as a result of any disclosure made in accordance with this release. I understand that this includes the possible rejection of my application for serving.

I have received a copy of this Authorization and Release, understand it and have had an opportunity to ask questions and obtain answers to my questions.

Applicant’s Signature

Applicant’s Printed Name

Middle Initial

Address

City, State

Zip code

_____/_____/_____
Birthdate (MM-DD-YYYY)

_____-_____-_____
Social Security Number

Today’s Date