

The Well Community Church
1734 NE First Ave.
Portland, OR 97212 (503)288-5502
Children's Ministry Volunteer Permission for Background Check

Please print & use blue or black ink

Name-First: _____ Last: _____ Middle: _____

Current Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ CellPhone: _____

Birth date: _____ Place of birth: _____

SSN: _____ Driver's License number: _____

State Issued: _____ Expiration Date: _____

Please list all names or aliases (including maiden name) you have used: _____

List addresses, cities, states and counties of residence for the past 7 yrs.

Address	City	State	County	From:(year & month)	To: (year & month)
1.					
2.					
3.					
4.					
5.					
6.					

Have you ever been convicted of a crime(circle) **Yes** **No**

If yes, please give details (date, crime, location) _____

Signature below authorizes and requests any present or former employee, school, police department, financial institution, Division of motor vehicles, or other person or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with my children's ministry worker application. I give permission that a photocopy of this authorization be accepted with the same authority as the original.

Applicant Signature: _____ Date: _____

Print name: _____