	Voluntee	ORGAI r Background I	NIZATION nvestigatio	n Release Fo	rm	
In order to provide a secure en Howe, by and through its age Church's behalf Please unders This may include procurement Reporting Agency.	vironment for nts and represt and that this	those to whom we p esentatives, routinely policy helps us ensu	provide services procures back ire that our serv	, our staff and volu ground investigation ices are delivered	unteers, and our o ons on those who in a professional	o minister on t and safe mann
By signing below, you grant per any point in the future in connec your character, previous or curre and representatives, or to Minis	tion with your ent military sei	volunteer position. Y	ou also grant pe vil litigation matt	ermission to all part ers to ORGANIZA	ties to release info	rmation regardi
	Signature				Date	
Identity Information						
First Name:						
Middle Name:						
Last Name:						
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(maiden names or aliases)	I					
Social Security Number:		-	-			
Date of Birth:	Month:		Day:	Year:]
Current Home Address:						
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Drivers License State:		Number:				
Please list each city/county a second form if necessary to	and state in w provide full d	vhich you have live isclosure.	d, worked, or a	ttended school d	luring the last ter	n years. Use a
City:		OR County:			State:	
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