

Name (Last)		(First)	(Middle)
Mailing Address			Apt #
City	State		Zip
Phone Number		E-mail Address	
Church			
Date of Birth		Social Security Number (required for Background Check)	

### Confidentiality Statement

I agree to take extreme care to protect the confidentiality of all individuals and churches involved in the Love INC ministry. I will hold any information obtained by me or to which I have access in the strictest confidence. I will not disclose or discuss information regarding any individual or church to anyone other than the appropriate Love INC personnel. By signing below I agree to abide by Love INC's Confidentiality Statement.

### Authorization for Criminal Records Verification

All adults over the age of 18 must complete a background check to be in contact with the Guests of the Loving Families program. Love INC will provide the background verification for all volunteers.

I, \_\_\_\_\_, authorize Love In the Name of Christ to conduct a criminal background investigation as part of its volunteer screening. I authorize and consent, without reservation to the retrieval of information that may include but not limited to federal, state, or county level agencies, insurance sources, and criminal history.

I certify that all of the answers set forth on the application for are true and complete to the best of my knowledge.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

### Church Office Use Only

\_\_\_\_\_ has completed a Criminal Records Verification within the last calendar year for this volunteer. This record is on file in the church office and a copy will accompany this application.

Signature of Pastor / Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Love INC Office Use	<input type="checkbox"/> Background	<input type="checkbox"/> GEN	<input type="checkbox"/> LINC	Received:
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