****

**Authorization for Criminal/Court Records Check**

**Release Authorization**

In connection with my volunteer application and at any time during the tenure of my service with Woodside, I understand that an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for disciplinary action or termination of past employment. I understand that as directed by policy and consistent with the job described, you may be requesting information from public and private sources about my: criminal record, driving record, education, previous employment, and personal and church references as deemed appropriate by Woodside.

The fact that applicants have a criminal record will not be an automatic bar to employment or work as a volunteer. Factors such as age at the time of the criminal offense, seriousness and nature of the violation, time elapsed, and subsequent rehabilitation will be taken into account.

I acknowledge that a telephonic facsimile (fax) or photographic copy shall be as valid as the original.

I hereby authorize, without reservation, any law enforcement agency, court, institution, information service bureau, school, employer, or other organization or person contacted by the employer or its agent to furnish the information described above, and release all liability resulting from such disclosure.

**The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose, and kept in the most secure manner available.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Maiden Name (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print all Aliases

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Driver’s License Number Name as it appears on License

**(Please attach a photo copy of your license)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Issuing License Current County of Residence Today’s Date

Have you ever lived outside Michigan: Yes / No

Please return to: WOODSIDE BIBLE CHURCH

**Attention: Security Director**

6600 Rochester Rd., Troy, MI 48085