

Appendix B

Hospitality In the Name of Christ

Volunteer Background Check

Last Name: _____ First: _____ Middle: _____ Suffix: _____

Race: _____ Gender: _____ Date of Birth (M/D/Y): _____

Have you had a criminal background check conducted within the past 5 years? ____ Yes ____ No

If yes, please provide the date if known, the reason for the check, and the contact name and phone number for verification purposes.

Date: _____ Reason: _____

Contact Name and Phone Number: _____

If you answered **No**:

Driver's License/State ID #: _____ Issuing State: _____

Please list any other names that you have used
(last/first/middle): _____

I hereby authorize the MSP ICHAT user to obtain information from the Michigan State Police ICHAT system pertaining to my criminal history or information that may make me unsuitable as a volunteer.

I hereby authorize you to release such information upon request to Hospitality In The Name of Christ. This Authorization is executed with the full knowledge and understanding that the information is for official use by Hospitality In the Name of Christ.

I hereby release you, the organization in which you represent, including its members, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it.

This Authorization will continue in effect for 90 days from the date of signature.

Signature: _____ Date: _____

Address: _____

City: _____ Phone Number: _____

E-mail Address: _____

To avoid delays in your volunteering please return your completed Volunteer Application (Appendix A) and Volunteer Background (Appendix B) forms to your church Volunteer Coordinator 2 weeks in advance of serving.

Approved _____	Date _____
Restricted _____	Date _____