

422132 TRINITY ASSEMBLY OF GOD Volunteer
Authorization For Release of Background Information

In connection with my application for volunteer service with TRINITY ASSEMBLY OF GOD, I authorize TRINITY ASSEMBLY OF GOD and, or, ACCUFAX Div., Southvest Inc., their agent, to solicit background information relative to my criminal record history. I understand that TRINITY ASSEMBLY OF GOD may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by TRINITY ASSEMBLY OF GOD or ACCUFAX Div., Southvest Inc., their agent for purposes of obtaining background report information, to furnish the above mentioned information.

I release TRINITY ASSEMBLY OF GOD, their respective employees or ACCUFAX Div., Southvest Inc. their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

Requested by: 422132 _____ **PLEASE**
PRINT

Last Name _____ First Name _____ Date of Birth _____

City of Birth _____ County _____ State _____

AKA/ Maiden Name _____ Social Security No. _____

Please note: if your address is a rural route, or post office box, we must have City & County mail was delivered to.

Current
Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

Previous
Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

Previous
Address _____ City _____ Co. _____ St. _____ Zip _____
How long at this address? (Months/Years) _____

SIGNATURE _____ **DATE** _____

Thank you for applying to help in the ministry at THE TRINITY ASSEMBLY OF GOD