

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby give my permission for **Bethany United Methodist Church** to obtain information relating to my criminal history record through any agency maintaining those records, including Public Data. This information may include, but is not limited to accusations and convictions for crimes committed against minors or the elderly.

I understand that this information will be used in part to determine my eligibility for a volunteer position with **Bethany United Methodist Church** and/or programs affiliated with the Church.

I do release and hold harmless **Bethany United Methodist Church**, its employees and officers, and The Rio Texas Conference of the United Methodist Church from all liabilities, causes of action, suits, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer with Bethany United Methodist Church.

Signature of Applicant

Date

Print Applicant's Full Name (with middle initial or name):

Print all other names that have been used by applicant (if any):

Date of birth: (month/day/year) _____

Ministry you are volunteering for: _____