



## Volunteer Background Check Authorization Form

I authorize First Baptist Church Bay St. Louis, MS, and Protect My Ministry, to conduct a criminal background Investigation as part of its volunteer screening and/or selection process. This information in part or in whole will be provided to the church in the form of a report provided by Protect My Ministry.

I authorize and consent, without reservation to the retrieval of information that may include but is not limited to organizations, federal, state, or county level agencies, insurance sources, driving and criminal history.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge. I understand that following my volunteer term should any statements or answers be found to be false or information has been omitted, such false statements or omissions will be just cause for termination of my volunteer term.

I further acknowledge that the facsimile (FAX) or photocopy of the document shall be valid and accepted with the same authority as the original. If retained by the above referenced organization this authorization will remain in effect throughout my volunteer term.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Driver's License (or State ID) Number: \_\_\_\_\_ State: \_\_\_\_\_

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