

CALVARY CHAPEL ONTARIO

BACKGROUND CHECK CONSENT

I _____ (Printed name), authorize *Calvary Chapel Ontario*, to make an independent investigation of my background, including any criminal, police or driving records for the purpose of confirming the information contained on my Ministry Application and/or obtaining information which may be pertinent to my participation in ministry both now and, during the time of my service with *Calvary Chapel Ontario*.

The following is my true and complete legal name and all information contained below is true and correct to the best of my knowledge.

My Signature

Date

Ministry Leader Signature

Date

Social Security Number

Date of Birth

Street Address _____

City, State, Zip _____

Email _____

Note: This information will not be kept on file at Calvary Chapel Ontario.

Ministry Leader's Printed name

