

Traders Point Christian Church
Volunteer Background Check Authorization

I, _____, understand that Traders Point Christian Church is permitted to conduct a background screening of all volunteers whose service will involve contact with, care of, or supervision over a child. I also understand that my status as a volunteer in such ministry is contingent upon successful completion of the initial background investigation and all subsequent periodic re-screenings, and I authorize TPCC to conduct such screenings. I release TPCC and its employees and representatives from any and all liability for loss or damages of whatever kind which may result because of TPCC's utilization of this authorization and/or the release of information to TPCC.

_____	_____
Full Legal Name (Printed)	Maiden Name (if applicable)
_____	_____
Signature	Date
_____	_____
Birth Date	Social Security #
_____	_____
Email Address	Phone Number
_____	_____
Address	Zip Code

County of Residence	

How long have you lived in Indiana? _____

A full copy of the Traders Point Christian Church Background Investigation Policy may be obtained in the church office upon request.

For Office Use Only (STM) :

Secure Search Run _____ Entered into Arena _____

☐ Date Completed _____ Completed by _____