

AUTHORIZATION FOR KANKAKEE FIRST CHURCH OF THE NAZARENE TO DO  
BACKGROUND VALIDATION (Use Black or Blue Pen)

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ / \_\_\_\_\_  
# Street Apt#  
/ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Zip

Email \_\_\_\_\_

Phone & Type: Cell : \_\_\_\_\_ Home : \_\_\_\_\_

Birth date: \_\_\_\_\_ Race: \_\_\_\_\_  
(White, Black/African American, Hispanic, Asian/Pacific Islander/Alaskan Native/American Indian)

Social Security number: \_\_\_\_\_

Marital status: Married Single Divorced Widow/

Maiden Name: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Phone Relationship

**Have you ever been? (N/Y)**

Convicted, plead guilty to, or have pending charges of using or selling drugs? \_\_\_\_\_

Convicted, plead guilty to, or have pending charges for DUI? \_\_\_\_\_

Convicted, plead guilty to, or have pending charges of child abuse or neglect? \_\_\_\_\_

Required to register with the state for any criminal or sexual offense? \_\_\_\_\_

Hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_

Arrested for a criminal offense other than minor traffic violation? \_\_\_\_\_

Hospitalized or treated for mental illness? \_\_\_\_\_

Sexually or physically abused as a minor? \_\_\_\_\_

Are there any reasons involving your lifestyle or in your background that would  
create doubts that you can be entrusted with the care and leadership of children  
and youth? \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that a criminal background check will be submitted. I release Kankakee First Church of the Nazarene from all liability and damages that may occur from the results of this information. I understand that personal information will be held confidential by the professional church staff.

Applicant's Signature: \_\_\_\_\_

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