

Louisiana Volunteers in Mission
Consent for Background History Check

I, _____ (applicant complete name), hereby authorize The Louisiana Conference of the United Methodist Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a team leader for Louisiana Volunteers in Mission. I release the Louisiana Annual Conference and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

Full name (printed)

Maiden name or other names used

Present Street Address - How long?

City

State

Zip

Parish/County

Former Street Address - How long?

City

State

Zip

Date of Birth

Social Security #

Driver's license #

State of License

Signature

Date