



**Background Screeners of America · 18344 Oxnard St. Suite 101  
Tarzana, CA 91356 · 866-570-4949 · FAX 866-570-5656 ·  
[info@wescreenusa.com](mailto:info@wescreenusa.com)**

## GCIC Consent Form

I hereby authorize \_\_\_\_\_ to receive any Georgia criminal history record information pertaining to myself, which may be in the files of any state or local criminal justice agency in the state of Georgia.

\_\_\_\_\_

Last Name (Please print),

\_\_\_\_\_

First Name,

\_\_\_\_\_

M.I.

\_\_\_\_\_

Address

\_\_\_\_\_

Sex

\_\_\_\_\_

D.O.B. (mm/dd/yyyy)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Signature Date (mm/dd/yyyy)

**This authorization is valid for 90 days from the date of the signature above.**

Special employment provisions (check only if applicable):

\_\_\_ Employment with mentally disabled (purpose code M)

\_\_\_ Employment with elder care (purpose code N)

\_\_\_ Employment with children (purpose code W)



**Volunteer Information Form**  
 Please print clearly and use **BLACK INK.**  
 \* Indicates Required Fields

<b>Section 1. Organization requesting background check.</b>
Organization Name: _____ Submitted by: _____

**Section 2. ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY THE APPLICANT (PERSON TO BE CHECKED)**

* Last Name	* Middle Name	* First Name	Telephone Number
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* Present Address for applicant	*City	* State	Zip code
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Date of Birth (MM/DD/YYYY)	Gender	Telephone Number
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Other Names You Have Been Known By**

Birth Names: Write none if applicable	10. First Name	11. Middle Name	12. Last Name
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Other Married Name(s) Write none if applicable	13. First Name	14. Middle Name	15. Last Name
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Nick Name(s) / Other Name(s) Write none if applicable	
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Have you been convicted of, or do you have charges pending for any crime? If yes, give the crime, the conviction date or charge status and the state where it occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		
_____		

Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? If yes, give the name of the court, state licensing board, disciplinary board, or dependency action, details of the finding, and state where it occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		
_____		

Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? If yes, give date, court, and the state where it occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		
_____		

Have you ever had a contract and /or license to care for children or adults denied, terminated, revoked, or suspended? If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		
_____		

I understand that I am signing this statement under the penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answers or any deliberate omissions may result in my immediate disqualification as a volunteer, contractor, or employee, caretaker, and / or as an individual authorized to care for vulnerable adults or children. I hereby authorize ChoicePoint Services, Inc. or designated agency on behalf of Beulah Missionary Baptist Church to obtain background information including but not limited to, convictions, licensing, child and adult protective services and professional licensing records, from any law enforcement, and state and federal agency including other states and the FBI.

I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Signature of person to have background check or parent / guardian	Date	
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**For Official Use Only**

Reason for background check:			
Requestor's Name	Requestor's Telephone	Background Check Completed by	Completion Date

Requestor's Name	Requestor's Telephone	Background Check Completed by	Completion Date
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# Employee / Youth Volunteer Interview Questionnaire

This form is to be completed for any position (paid or volunteer) involving the supervision or care of minors or mentally handicapped. This is being used to provide a safe secure environment for activities or programs of the church.

**Name:**

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<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
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<i>City</i>	<i>State</i>	<i>Zip</i>
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<i>Phone</i>	<i>Email</i>
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<i>Occupation</i>	<i>Work Phone</i>
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If you are volunteering to work with the youth or children ministry, please answer the following questions.

List the name of the organization that you wish to work with.

Why do you want to work with this organization?

Have you worked with any other youth organization?      Yes       No

If yes, list the names of the Organization and provide a reference below:

1.

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<i>Organization Name</i>	<i>Reference Name</i>	<i>Telephone #</i>
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2.

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<i>Organization Name</i>	<i>Reference Name</i>	<i>Telephone #</i>
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Have you ever been arrested for, charged with, under probation for, or convicted of any of the offenses listed below:

- |  |   |                                       |   |
|--|---|---------------------------------------|---|
| <input type="checkbox"/> Criminal homicide         | <input type="checkbox"/> Aggravated assault | <input type="checkbox"/> Sexual abuse | <input type="checkbox"/> Sexual Assault         |
| <input type="checkbox"/> Aggravated Sexual assault | <input type="checkbox"/> Injury to a child  | <input type="checkbox"/> Incest       | <input type="checkbox"/> Indecency with a child |

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Possession, use or sale of drugs or controlled substances | <input type="checkbox"/> Inducing sexual conduct or sexual performance of a child | <input type="checkbox"/> Possession or promotion of child pornography | <input type="checkbox"/> The sale, distribution, or of harmful materials to a minor |
| <input type="checkbox"/> Employment harmful to children                            | <input type="checkbox"/> Abandonment or endangerment of a child                   | <input type="checkbox"/> Kidnapping or unlawful restraint             | <input type="checkbox"/> Public lewdness or indecent exposure                       |
| <input type="checkbox"/> Enticing a child  |   |   |   |

I understand that I am signing this document under the penalty of perjury. The above statement are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answers or any deliberate omission may result in my immediate disqualification as a volunteer, contractor, or employee, caretaker, and / or as an individual authorized to care for vulnerable adults or children

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*Signature*

*Date*

*Interviewer's Comments*

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# CRIMINAL BACKGROUND CHECK

Please print clearly and use **BLACK INK.**

\* Indicates Required Fields

<b>Section 1. Individual requesting background check. (Completed by Staff)</b>				
<input type="checkbox"/> Pastor	<input type="checkbox"/> Youth Director	<input type="checkbox"/> Youth Minister	<input type="checkbox"/> Finance Chairman	<input type="checkbox"/> Other: _____

**Section 2. ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY THE APPLICANT (PERSON TO BE CHECKED)**

* Last Name	* Middle Name	* First Name	Telephone Number
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* Present Address for applicant	*City	* State	Zip code
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* Social Security Number	Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver License Number
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**Other Names You Have Been Known By**

Birth Names: Write none if applicable	10. First Name	11. Middle Name	12. Last Name
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Other Married Name(s) Write none if applicable	13. First Name	14. Middle Name	15. Last Name
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Nick Name(s) / Other Name(s) Write none if applicable			
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Have you been convicted of, or do you have charges pending for any crime? If yes, give the crime, the conviction date or charge status and the state where it occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? If yes, give the name of the court, state licensing board, disciplinary board, or dependency action, details of the finding, and state where it occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? If yes, give date, court, and the state where it occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/> <hr/>		

Have you ever had a contract and /or license to care for children or adults denied, terminated, revoked, or suspended? If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/> <hr/>		

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I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Signature of person to have background check or parent / guardian	Date	
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**For Official Use Only**

Reason for background check:			

Requestor's Name	Requestor's Telephone	Background Check Completed by	Completion Date
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# CRIMINAL RECORDS CHECK AUTHORIZATION

I hereby give my permission for the \_\_\_\_\_ to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment or volunteer position with \_\_\_\_\_

I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I also understand that, by law, I may see a copy of the transcript, for its review, but may not receive a copy of the document in any fashion or form.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the \_\_\_\_\_ and each of its officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims, demands, whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or employee of \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

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

Print Name of Witness \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_



## EMPLOYEE/VOLUNTEER CODE OF ETHICS AND RULES

While acting in the capacity of a Youth/Children/Preschool/Handicapped Volunteer or Employee of Beulah Missionary Baptist Church the following rules shall apply:

1. Smoking or using tobacco products in the presence of minors is prohibited.
2. Using, possessing or being under the influence of alcohol, illegal, or illicit drugs will not be tolerated.
3. Employees and volunteers of minors shall not abuse such minors, including:
  - Any direct observations or evidence of sexual activity in the presence of or in association with a minor;
  - Any display or demonstration of sexual activity, abuse, insinuation of abuse or evidence of abusive conduct towards a minor;
  - Sexual advance or sexual activity of any kind between any person and a minor;
  - Sexual advances or sexual activity of any kind to a minor(s);
  - Infliction of physical abuse behavior or bodily injury to a minor;
  - Physical neglect of a minor, including failure to provide adequate supervision in relation to the activities of Beulah Missionary Baptist Church;
  - Mental or emotional injury to a minor;
  - The presence or possession of obscene or pornographic material at any function of Beulah Missionary Baptist Church;
  - The presence, possession or being under the influence of any illegal, illicit drugs;
  - The consumption of or being under the influence of alcohol while leading or participating in a function for minors of Beulah Missionary Baptist Church;
4. Limited access to the locked records to the Director of Risk Management
5. Periodically update Volunteer Information Forms



6. Employees and volunteers must treat all people of all races, religions, and cultures with respect and consideration.
7. Employees and volunteers must be free of physical and psychological conditions that might adversely affect any minor's health, including, but not limited to, contagious disease.
8. Employees and volunteers will portray a positive role model for minors by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.
9. Employees and volunteers will be expected to act and react with Christian love and understanding in all situations.
10. Employees and volunteers will do everything in their power to avoid being put in a situation where they are alone with a minor other than their own.
11. I understand that as an employee or volunteer with minors for Beulah Missionary Baptist Church I will be subject to a background check, including criminal history.
12. I understand that any violation of this code may be grounds for removal as an employee or volunteer with minors.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

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