

Calvary Chapel Eastside – Background Check Authorization

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby authorize the obtaining of “investigative consumer reports” (Multistate Criminal Background Check) by **Calvary Chapel Eastside** at any time after receipt of this authorization and throughout the time in which I am volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by SecureSearch, 558 Castle Pines Parkway, Castle Rock, Colorado 80108, (866) 891-1954, <https://www.securesearchpro.com/>, another outside organization acting on behalf of **Calvary Chapel Eastside**, and/or **Calvary Chapel Eastside** itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____

Date: _____

Print Name: _____

Maiden Name (if applicable): _____

Address: _____

Social Security Number: _____ *

Date of Birth: _____ *

**This information will be used for background screening purposes only and will be kept in a secure location.*