

# BACKGROUND CHECK FORM

Church Name \_\_\_\_\_

Phone # \_\_\_\_\_

Please fill out the following for each member of your team 18 years and older.

Circle the following that applies:

C- background check clear

NC-background check not clear

N/A- background check not given

Name	Background Check		
_____	C	NC	N/A
_____	C	NC	N/A
_____	C	NC	N/A
_____	C	NC	N/A
_____	C	NC	N/A
_____	C	NC	N/A
_____	C	NC	N/A
_____	C	NC	N/A
_____	C	NC	N/A
_____	C	NC	N/A

The above information has been filled out accurately to my knowledge according to the records held by our church.

\_\_\_\_\_  
Signature of team leader

\_\_\_\_\_  
Date