

WORKER BACKGROUND CHECK 2011

GIRLS MINISTRIES

All leaders must be approved through a background check prior to serving at any Sectional, District, or National event.

FIRST NAME: _____ LAST NAME: _____ MI: _____
(PLEASE PRINT LEGIBLY)

I AM A: (CIRCLE ONE) MALE FEMALE

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: ____/____/____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ WORK/CELL: _____

NAME OF CHURCH: _____ CHURCH ADDRESS: _____

NAME OF PASTOR: _____ PASTOR'S TELEPHONE: _____

DATE OF UPCOMING EVENT: _____

PASTOR RECOMMENDATION AND SIGNATURE: **I,** _____
(Pastor's Signature)

recommend this person as a Girls Ministries worker.

I will be bound by the policies of the New Mexico District as I perform my service on behalf of District Ministries. I agree to allow any photos or video taken of me at Sectional, Regional, District or National events, to be used for promotional purposes of the New Mexico District Council without expecting remuneration.

As a volunteer, I hereby authorize the New Mexico District Council to conduct a personal background check on my behalf. My status will be made available to the appropriate church, sectional, district, regional, or national leader. By signing this document I am giving my word that the information I have provided is accurate and correct.

Signature: _____ Date: _____

Please send this form along with a leaders processing fee of \$10 to:

**Sally Frazee
1002 Robin Place
Rio Rancho, NM 87124**

FOR DISTRICT OFFICE USE ONLY

DEPARTMENT HEAD SIGN: _____

DATE RECEIVED: _____ DATE CHECK COMPLETED: _____

ACCEPTED: _____ CHECK COMPLETED BY: _____