

CONFIDENTIAL

Renewal Information – 5 Year Update:

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Email Address: _____

Are you a current church member in good standing: Yes No

Church: _____ Pastor Name: _____

Pastor Email: _____ Pastor Phone: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Southwest Virginia Academy (SVA) and its designated agents and representatives to conduct a comprehensive review of my background causing a report to be generated for volunteer purposes. I understand that the scope of the background check report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to SVA or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

SVA and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____