

Arkansas District Events
INFORMATION AUTHORIZATION & RELEASE

I, _____, of _____ having filed an application
(Name) (City, State)
as a volunteer/paid worker at an event of the Arkansas District of the Assemblies of God consent to have an investigation made as to the conduct of my personal affairs, my moral character, professional reputation, fitness for the ministry, and such further information as may be received by or reported to the Arkansas District of the Assemblies of God. I agree to give any further information that may be required in reference to my past history.

I authorize and request every person, firm, company, corporation, governmental agency, court, association, church, educational facility, or institution having control of any documents, records, and other information pertaining to me to furnish to the Arkansas District of the Assemblies of God any such information, including documents, records, or other information regarding charges or complaints filed against me, formal or informal, pending or closed, and to permit the Arkansas district or any of its agents or representatives to inspect and make copies of such documents, records, and other information. I specifically waive any or all rights I may have to inspect or review any information provided to this district, its agents or representatives by any person or organization.

I hereby release, discharge, and exonerate the Arkansas District of the Assemblies of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of this district. The Arkansas District of the Assemblies of God shall not be required to verify any information received during the course of its investigations, and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me this _____ day of _____, 20__

Notary Public
(REQUIRED)

My commission expires: _____

Arkansas District Events
Volunteer Staff Authorization Form
Background Investigation Consent

I, _____ hereby authorize Arkansas District Council of the Assemblies of God and/or its churches, ministers, agents, or representatives to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for volunteer/staff ministry at local church events and/or Arkansas District Events.

I release Arkansas District Council of the Assemblies of God and/or its churches, ministers, agents, or representatives and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____

Maiden Name or Other Names Used _____

Present Address _____

City _____ State _____ Zip _____

How long at Present Address? _____ *If present address is less than 10 years, list all former addresses. If needed, use back of this form.*

Former Address _____

City _____ State _____ Zip _____

How Long at Former Address? _____

Date of Birth*: _____ Social Security Number*: _____

Driver's License Number: _____ State of License: _____

Signature of Volunteer/Staff

Date

*NOTE: The above information is required for identification purposes only.

