



NEW LIFE

BIBLE FELLOWSHIP

Permission form to run a background screening for volunteer positions at New Life Bible Fellowship

In connection with your position at New Life, we may procure a report on you from Group's LexisNexis Screening Solutions as a part of the process of employment or volunteering.

By your signature below, you hereby authorize New Life to obtain a criminal background check. We will provide a copy of this report for you at your request.

Applicant Name: _____

Other Names Used: _____

Applicant's Address: _____

City/State/Zip: _____

Social Security Number: _____

Driver's License Number and State: _____

Name as it appears on Driver's License: _____

Date of Birth: _____

NOTE: Date of Birth information is used ONLY by Group's LexisNexis Screening Solutions for verification of identity and is not used of any purpose by New Life.

Applicant Signature: _____

Date: _____