**New D Kidz Background Check Form**

***All information will be kept confidential***

Name _____
First Middle Last

Address _____
Street City State Zip

Maiden Name or Other Names Used _____

Date of Birth _____ Social Security # _____

Have you ever been accused, arrested or convicted of abuse or sexually related crimes involving children? _____

Is there anything in your background that would call into question your ability to work with children? _____

I hereby authorize **New Direction Christian Church** to make an independent investigation of my background and police records related to children only. I release **New Direction Christian Church** 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 sources. The information on this form is correct to the best of my knowledge. I understand that any omission of material fact on this form may result in rejection of service with children.

Signature _____ Date _____