

Screening Application for Sunday School Teachers & Volunteers



Last Name: _____

First Name: _____

Middle Name: _____

Other Names used: _____

Marital Status: Married Single Divorced

Maiden Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Previous Address (If less than 7 years at present address)

City: _____ State: _____ Zip: _____

Phone #: _____

Cell #: _____

Gender: Male Female Race: _____

Date of Birth: ___/___/___ Social Security #: _____

Driver's License Number: _____

State Driver's License was issued in: _____

The information contained in this application is correct to the best of my knowledge. I authorize _____ to perform a criminal records check for arrests, convictions, or other local, state, or federal criminal acts. I give full permission to _____ for the release of this information.

Signature: _____

Date: _____

Printed Name: _____

Witness: _____