

CONSENT FORM

I hereby authorize First Baptist Church, Centerville, GA to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

(Please Print)

First Name

Middle Name

Last Name

Street Address

City

State

Zip Code

Sex

Race

Date of Birth

Social Security Number

Have you ever participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct?

_____ Yes

_____ No

Signature

Date