



First United Methodist Ministries

Pendleton/ Ingalls

Background Screening Information

Volunteer Information

Last Name _____ *First* _____ *Middle* _____

Other Names/Alias's _____ *Sex* *M* *F*

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

Present Address _____

City _____ *State* _____ *Zip* _____ *County* _____

Phone numbers _____ (*Home*) _____ (*Cell*) _____

You are hereby consenting to a background check to be performed by First United Methodist Ministries.

**The information provided will be used for background screening purposes only*

Signature _____ *Date* _____