

Living Waters Ministry Background Check Authorization

I authorize Living Waters Ministry (LWM) to solicit background information relative to any criminal history as it pertains to volunteering for service at any of their designated ministry locations.

I release LWM, their respective employees or agents, and all persons, agencies and entities providing information or reports about me, from any and all liabilities that may arise from furnishing such information.

Please Print		
First Name:	Middle Name:	Last Name:
Other Name(s) Used:		
Social Security Number:		Date of Birth:
Current Address		
Street Address:	City:	State and Zip:
How long at this address? Years/Months:		
Previous Address		
Street Address:	City:	State and Zip:
How long at this address? Years/Months:		
Previous Address		
Street Address:	City:	State and Zip:
How long at this address? Years/Months:		
Printed Name:	Signature:	Date: