



CONSENT AND RELEASE for Background Checks

Complete the following form and provide 7 years of residential history. Please PRINT.

Current Address _____ Date from _____ to _____

City _____ State _____ Zip _____ County _____

Previous Address _____ Date from _____ to _____

City _____ State _____ Zip _____ County _____

Previous Address _____ Date from _____ to _____

City _____ State _____ Zip _____ County _____

Previous Address _____ Date from _____ to _____

City _____ State _____ Zip _____ County _____

Previous Address _____ Date from _____ to _____

City _____ State _____ Zip _____ County _____

Please PRINT **ALL** legal names that you have been known by, including maiden name, if applicable.

Present Legal Name _____ Date of Birth _____

Maiden Name _____ SS# _____

As a part of my participation in **Disaster Response** of the Iowa Annual Conference of the United Methodist Church, I hereby consent, to and authorize the Conference to conduct the following background checks: criminal records, sex offender registry, and child abuse registry. I am willing to have pertinent information shared with **Trish Burket or Karen Dungan**. I release the Conference, its employees or volunteers from any and all liability associated with conducting the above background checks. I affirm I have no objection to these checks.

Signature

Date

*Make sure you have completed form. When completed, return this form to **Trish Burket 223 Crystal St #308** and include **\$8.00** for the background check. Please make the check out to the Iowa Conference of The United Methodist Church. For Office Uses Only: _____ \$ rec'd (Ck# _____)
Dated _____ Background Check _____ Sexual Offender Reg _____ Child
Registry _____ Recorded Volunteer data base _____ Updated 6/16/11