



**BACKGROUND CHECK
AUTHORIZATION FORM**

The information contained in this Ministry of Helps application is correct to the best of my knowledge. I authorize Mount Zion Baptist Church of Greensboro, Inc. to secure a National Criminal Background Check, and by signing below, I understand that any negative responses from such check may preclude me from volunteering in the capacity for which I am applying and interviewing for. Should my application be accepted, I agree to be bound by the constitution, by-laws and policies of Mount Zion Baptist Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

NAME: _____

STREET ADDRESS: _____

SOCIAL SECURITY NUMBER*: _____

DATE OF BIRTH: _____

SIGNATURE: _____

DATE: _____

MINISTRY: _____