

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize Illinois Baptist State Association to request the Church Mutual Insurance Company, along with appropriate police/sheriff's departments, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant

Date

Print applicant's full name: _____

Print all other names that have been used by applicant (if any):

Address _____ City _____ State ____ Zip _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

Name as it appears on license: _____

Pastor/Church Recommendation

_____ is a member of _____
Baptist Church. I am recommending this worker to you to assist in a volunteer capacity in
your children/youth camping program.

Signed _____ (Pastor)