

EMPLOYEE/WORKER BACKGROUND CHECK 2014

GIRLS MINISTRIES

All leaders must be approved through a background check prior to serving at any Network or National event.

FIRST NAME: _____ LAST NAME _____ MI: _____
(PLEASE PRINT LEGIBLY)

I AM A: (CIRCLE ONE) MALE FEMALE

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: ____/____/____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ WORK/CELL _____

NAME OF CHURCH: _____ CHURCH ADDRESS _____

NAME OF PASTOR: _____ PASTOR'S TELEPHONE: _____

PASTOR RECOMMENDATION AND SIGNATURE : I, _____
(Pastor's Signature)

recommend this person as a GIRLS MINISTRIES worker.

I will be bound by the policies of the New Mexico Ministry Network I perform my service on behalf of Network Ministries. I agree to allow any photos or video taken of me at Sectional, Regional, Network or National events, to be used for promotional purposes of the New Mexico District Council without expecting remuneration.

I hereby authorize the New Mexico Ministry Network to conduct a personal background check on my behalf. My status will be made available to the appropriate church, sectional, district, regional, or national leader. By signing this document I am giving my word that the information I have provided is accurate and correct.

Signature: _____ Date: _____

Please return this form to: NMMN Girls Ministries
6640 Caminito Coors NW
Albuquerque, NM 87120-3119

FOR NETWORK OFFICE USE ONLY

CCR Manager signature: _____

DATE RECEIVED: _____ DATE CHECK COMPLETED: _____