

**Cleburne Bible Church**  
**Volunteer Background Investigation Release Form**

In order to provide a secure environment for those whom we provide services, our staff, volunteers, and our community, Cleburne Bible Church routinely procures background investigations on volunteers. Please understand that this policy helps us ensure that our services are delivered in a professional and safe manner.

By signing below, you grant permission to Cleburne Bible Church to obtain such a report now or at any point in the future in connection with your volunteer position. You also grant permission to all parties to release information regarding your character, previous or current military service, or criminal/civil litigation matters to Cleburne Bible Church or to Ministry Safe including information that may be deemed negative.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

List all ministry areas that you currently serve in: \_\_\_\_\_

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**Identity Information (*Please write in legible print*)**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Other names used: \_\_\_\_\_

(maiden names or aliases)

Driver License State: \_\_\_\_\_ Number: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Please list each city/county/state which you have lived, worked, or attended school during the last ten years. Continue on the back if needed.

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_