

Coon Rapids United Methodist Church Volunteer Application and Authorization for Background Check

Position Volunteering for: _____

Full Name (First Middle Last) _____

Maiden/Former/Alias _____

Present Address _____

City/State/Zip _____

Phone Number _____

Social Security # _____ Date of Birth _____

Driver's License # _____ State of Driver's License _____

Car Insurance Company _____ Policy Number _____

Special Skills and Certifications _____

Date of Training: CPR _____ First Aid _____ CRUMC Bus Training _____

I verify that this information is correct and give Coon Rapids United Methodist Church permission to run a background check.

Signature: _____ Date: _____

In case of emergency please contact: _____

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For Office Use:

Background Check Done _____

Notes: _____
