

Background Check Input Form

Last name: _____ First name: _____

Middle name: _____ Maiden name: _____

Suffix (Jr, Sr, III, etc): _____ Sex: _____

Race: _____ Date of Birth: __/__/____

Social Security number: ____-____-____

Email address _____

Day time phone number _____

Procedure:

1. Individuals needing a background check will fill in the above form and mail to the church office Attention: **Kathy Nunn, Director of Parish Operations** or bring the form in a sealed envelope marked to the attention of Kathy Nunn, Director of Parish Operations. These forms will be held in a locked file in the church house.
2. The information on this form will be transferred to the Virginia State Police background check form.
3. The church office will notify the individual requesting the background check when their form is ready to be signed.
4. Individuals can stop by the church office during business hours and have their signature notarized on the form. If the applicant is unable to visit the church office during business hours, the form will be mailed to the individual seeking the back ground check. That individual will take the form to a notary and have it notarized and return the notarized form to the Kathy Nunn as in step one.
5. Once completed, the forms will be mailed to the Virginia State Police for a combination Criminal History & Sex Offender Search
6. Clean searches will be kept in the Director of Parish Operations Office in a locked file.
7. Any issues on a search will be referred to the Rector.