



Illinois Baptist State Association Disaster Relief Permission for Background Check

Contact Information:

Full Legal Name _____ Male ___ Female ___

Address _____ Email: _____
(Street) (City) (State) (Zip)

Home Phone _____ Cell Phone _____

Social Security No. _____ Date of Birth _____
(Month) (Day) (Year)

Church _____

Association _____ Pastor _____

Privacy and Background Check:

I understand that I will be required to pass a criminal background check. All personal information, background screening reports and reference checks submitted or obtained as part of the application process will be maintained by IBSA in a confidential manner for three years and then will be destroyed.

Discretion:

With the exception of the privacy policy, IBSA maintains its sole discretion to alter this policy at any time, to determine who is considered a volunteer, and to consider what volunteer duties and positions require the completion of the screening outlined in this policy. Notwithstanding anything contained in this policy, IBSA retains the right to decline to utilize any volunteer for any reason at any time.

Signature _____ Date _____

Please enclose a check for \$10.00 made to IBSA and mail To:
Illinois Baptist State Association
Disaster Relief
Box 19247
Springfield, IL 62794-9247