

**FREEZING NIGHTS VOLUNTEER INFORMATION
AND
BACKGROUND CHECK AUTHORIZATION**

LAST NAME	FIRST NAME/M.I.	DOB
STREET ADDRESS	CITY/STATE/ZIP	HOME PHONE WORK PHONE CELL PHONE
DRIVER LICENSE /STATE ID #	E-MAIL ADDRESS	EMERGENCY CONTACT

PLEASE RESPOND BY CIRCLING 'YES' OR 'NO'

I have been convicted of crime(s) against a person.	YES	NO
I have been convicted of a crime(s) relating to drugs and/or alcohol.	YES	NO
I have been convicted of a crime(s) against property.	YES	NO

I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as a volunteer in Freezing Nights. I authorize Freezing Nights to obtain background information including but not limited to convictions, licensing, child and adult protective services, and professional licensing records, from law enforcement, and state and federal agencies including other states and the FBI, for the sole purpose of volunteering for Freezing Nights.

Date _____

(Signature of person authorizing background check)

OTHER INFORMATION

Nights available:		
Home Church:		
Are you willing to volunteer at other churches?	YES	NO
Would you be willing to drive guests in a church van or small bus?	YES	NO
Do you have a Food Handlers Card?	YES	NO

NOTES: