



Washington Street
United Methodist Church
Background Check Release Form

Name: _____

Address: _____

Phone: _____ Date of Birth _____

Social Security
Number _____

Driver's License number(if need driving background?) _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)?

_____ No _____ Yes

If yes, please explain fully: _____

Have you ever been exposed to an incident of child abuse or neglect?

_____ No _____ Yes

I _____ give permission for a designated official to input my social security number for purposes of getting a Trak 1 background check. I understand that confidentiality will be kept.

- Broad screen criminal and sex offender registry _____
- Broad screen criminal and sex offender registry and motor vehicle _____

Signature _____

Date _____