

**Mississippi Conference  
Background Investigation Consent Form**

I, (print name) \_\_\_\_\_ do authorize \_\_\_\_\_  
United Methodist Church to make an investigation of my background, references, character, past  
employment, criminal records and where applicable, my motor vehicle records and financial records,  
for the purpose of confirming the information contained on my application or volunteer form.  
I understand this authorization extends to the obtaining of information which may be material to my  
qualifications for employment or as a volunteer.

I release (name of church) \_\_\_\_\_ and Trak-1 Technologies from any  
and all liabilities, claim or lawsuits in regards to the information obtained from any and all of the  
above referenced sources used.

PLEASE PRINT ALL INFORMATION:

Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Maiden Name or Other Names Used \_\_\_\_\_

Present Street Address \_\_\_\_\_

City/ State/ Zip Code \_\_\_\_\_

Length of time at present address \_\_\_\_\_

Former street address \_\_\_\_\_

City/ State/ Zip Code \_\_\_\_\_

Length of time at former address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

By signing below, I do acknowledge the material contained above to be true and correct to the  
best of my knowledge.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Printed Name and Date