

# Volunteer Waiver and Background Check Authorization Form

## Reynolds County Baptist Association

Please print all requested information in order to register as a volunteer and to have Reynolds County Baptist Association perform a background check.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other Names Previous Used (Including Maiden Name) \_\_\_\_\_

Addresses for the past seven years (street, city, state, zip) and Dates of Residence (use back of form for more space)

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ Dates: \_\_\_\_\_

*To the extent permitted by applicable law, I hereby consent to and authorize Reynolds County Baptist Association ("RCBA") to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the Background Check Disclosure, which I have received, reviewed and understand. Information appearing on this Authorization will be used exclusively by RCBA for identification purposes and for the release of information which will be considered in determining my suitability for volunteer work. I hereby release RCBA, employees, agents and assigns, as well as any agency providing reports and its employees, from all liability resulting from the furnishing of this information to RCBA.*

*I certify that I have made true, correct, and complete answers on this authorization. I understand that any false statements made herein could void my consideration as a RCBA volunteer. I agree to provide additional information that may be requested to process my volunteer application. This authorization is valid during the course of my volunteer work to the extent permitted by law.*

*I have the right to make a request to RCBA, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which RCBA has previously furnished within the two years period preceding my request.*

*I acknowledge that a fax, image or copy of this authorization is as valid as the original.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to RCBA, 40681 Highway 21, Centerville, MO 63633  
Can email a photo or copy to [rcbasecretary20@gmail.com](mailto:rcbasecretary20@gmail.com)