

FCM Volunteer Info Form

Last, First Name

____/____/____
Date

Driver's License/ID

Organization Name

Date of Birth (M/D/Y)

Phone # (home/work/cell)

Street, State, Zip

Email

  *Would you like to get connected through Facebook or Twitter?*

For the safety of our children, guests, and students, Faith City requires that all volunteers pass a basic background check before being scheduled a time slot to volunteer. By providing a signature below, Faith City has your permission to do a background check and further the volunteer process.

I, _____, agree with the background procedure, and allow Faith City permission to get a brief background check.

Signature

Date

FCM Administrator Only

Administered Background Check:

- Passed**
 Failed

Reason: _____

Background Administrator:

Print Name

Signature

Date