



Background Investigation Consent Form

_____, hereby authorize Redeeming Grace Ministries, and/or its agents, to make independent investigation of my background, references, character, credit history, criminal or police records, including those maintained by both public and private organizations and all public records to include sexual offender and abuse registry for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for serving as a volunteer/intern now and, if applicable, during the tenure of my service with Redeeming Grace Ministries. I understand that should there be any such activity Redeeming Grace Ministries has the right to deny my application.

I understand that my driving record will also be obtained as part of this inquiry.

I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the information obtained.

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Signature

Date

Applicants Name (as listed on driver's license)	
Maiden Name (if applicable)	
Social Security Number	Date of Birth
Driver's License Number	State License Issued
Current Address	
City/State/Zip	County

Addresses, Cities, and States in which you have resided for the previous 10 years

Address	City	State	Zip



Parental Consent Form

Parental Consent Form for Volunteers under 19

NO ONE UNDER 19 YEARS OF AGE WILL BE PERMITTED TO VOLUNTEER AT REDEEMING GRACE MINISTRIES WITHOUT THIS COMPLETED FORM.

PARENTAL CONSENT AND ACKNOWLEDGEMENT FORM

Parent/Guardian Information

Parent/Guardian Name	
Address	City/State/Zip
Phone #	Email Address

We are delighted that your child is interested in volunteering at Redeeming Grace Ministries. It is of utmost concern that your child has a rewarding and positive experience while volunteering at Redeeming Grace.

I agree that this document certifies that I am the parent or guardian of _____
And hereby grant permission to the Redeeming Grace adult volunteers or employees to investigate and follow through with the necessary application procedures and background check to approve my child as a volunteer.

Additionally I do hereby grant permission to the Redeeming Grace adult volunteers or employees to obtain medical care from any licensed physician, hospital, or medical clinic for the above named at such times deemed necessary for physical health purposes. I hereby waive all claims against and agree not to sue Redeeming Grace, its officers, agents, employees, and volunteers, as a result of my child's participation in this volunteer activity or any claim arising from injury of the child in the execution of the above actions.

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Participant's Name

Parent/Guardian Signature