



Protect My Ministry
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Georgia Criminal History Consent Form

I, _____, hereby authorize Avondale Estates First Baptist Church and/or its agents, including without limitations, Protect My Ministry, to make an independent investigation of my background, references, character, past employment, education, police records, medical and/or Worker's Compensation claims, credit records and driver's license records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/ or obtaining other information which may be material to my qualifications for employment or volunteer service. This consent includes any CRIMINAL HISTORY record information pertaining to me, which may be in the files of the state or any local criminal justice agency within the state of Georgia.

I release Avondale Estates First Baptist Church and/or its agents, including without limitations, Protect My Ministry, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all or the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

Print complete name: Last, First, Middle

Any maiden names, or names used in the past

Street address (include apartment number if any) How long?

City, State, & Zip code

*Date of Birth Social Security Number *Sex and Race

Driver's License Number State of issue

Signature: _____ Date: _____

* The above information is required to insure positive identification and is in no manner used as qualification for employment.