WESTWOOD BAPTIST CHURCH-CLEVELAND, TENNESSEE
Authorization for Release of Information

I hereby give my permission for the Westwood Baptist Church of Cleveland, Tennessee to obtain information relating to my criminal history through courts, a law enforcement agency, a department of any city, county, state or federal government or any person or organization having knowledge of my identity. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I hereby authorize the Westwood Baptist Church of Cleveland, Tennessee, or its authorized representative bearing this release or copy thereof to conduct an appropriate check of my criminal background history and/or driving record. I understand that I will have the opportunity to review the criminal history and a procedure is available for clarification if I dispute the record as received. I hereby further authorize and acknowledge that a photocopy or fax of this authorization may be considered as valid as an original.

I, the undersigned, do for myself, my heir, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Westwood Baptist Church of Cleveland, Tennessee, and its authorized representative and each of their officers, directors, employees, members and agents harmless from and against any and all causes of actions, suits, liabilities, cost, damages, debts, sums of money, claims and demands whatsoever, and any and all related attorney's fees, court cost, and other expenses resulting from the investigation of my background in connection with my application to become an employee/volunteer of and/or for the Westwood Baptist Church of Cleveland, Tennessee.

I understand that all information gathered will be considered strictly confidential except as otherwise agreed.

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_____ _____
Please Print Full Name Date of Birth

_____ _____
Applicant's Current Street Address City, State and Zip Code

_____
Applicant's Email Address (Required)

_____ _____
Applicant's Social Security Number (Required) Applicant's Driver's License Number State Issued

_____ _____
Applicant's Telephone Number Applicant's Signature Today's Date

PLEASE LIST FULL PREVIOUS ADDRESSES IF YOU HAVE BEEN AT CURRENT RESIDENCE LESS THAN TEN (10) YEARS. INCLUDE DATES AT EACH RESIDENCE.

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_____

Office Use Only: Submitted Date:_____ Date Complete:_____ Next Review Date:_____

_____
Administrative Signature/Date

rev. 3/12/19