



AUTHORIZATION FOR BACKGROUND CHECK

I authorize St. Johns Presbyterian Church to conduct a criminal background check with the Pennsylvania State Police with regard to my involvement with leading youth group and activities at St. Johns. I understand that I will be given a copy of any information that negatively affects my ability to lead at St. Johns. I also understand that any information or reports will be kept confidential and that only the Director of Christian Education and the Personnel Committee will have access to the material.

Full Name:

Date of Birth:

Maiden Name (optional):

Social Security Number
(optional):

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Signature

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Date