



ACKNOWLEDGMENT AND AUTHORIZATION

The information contained in this application is complete and correct. I, the undersigned, give my authorization to Redemption Christian Church or its representatives to release any and all records and information relating to working within my chosen ministry of the church.

I authorize Redemption Christian Church to perform a criminal records check now and as needed in the future to update my records for arrests, convictions, or other information the County Department of Corrections, the State Justice Cabinet, and any other local, state, or federal criminal enforcement agency may have regarding me and release such information to Redemption Christian Church.

I release Redemption Christian Church and the above mentioned agencies from any liability or damages resulting from the release of this information. I waive any present or future claims of privacy resulting from the release of this information for qualifications of volunteer work at Redemption Christian Church.

NIGHT TO SHINE

Signature: _____ Date: _____

Print **Full** Name: _____

Maiden Name (if applicable): _____

Address:

Email:

Social Security Number: _____*

Date of Birth: _____*

*This information will be used for background screening purposes only.