

# Concord Christian Academy Giving & Going Alliance

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www.concordchristian.org

*Building Community Through Service*

## BACKGROUND CHECK AUTHORIZATION

Release Authorization:

1. In connection with my contact with children at Concord Christian Academy, I understand that the Academy/Alliance will conduct a background check, which may include information concerning my character, work habits, performance and any court records relevant to possible contacts with CCA children.
2. I acknowledge that a telephone facsimile (fax) or photocopy shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, church or non-profit organization, reference, or insurance company contacted by the Academy/Alliance to furnish the information described above.
4. I understand that if any of those records contains information, which is used to deny my participation in the Academy/Alliance ministry, I will be notified of my rights and where I can obtain a copy of the information.

### Identifying Data (Please print)

<b>Applicant's Name</b> (last, first, middle name)		<b>Sex</b>
<b>Driver's License Number</b>	<b>County</b>	<b>State</b>

### Background Information

<b>All Nicknames</b>		
<b>Maiden Name</b>		
<b>All Aliases</b>		
<b>Present Address</b> (Street, Apt. #, City, State, Zip)		
<b>All Previous Addresses for the Past 5 Years</b> (Use back of sheet if necessary.)		
By signing below, you hereby release the Academy/Alliance and its officials, representatives, or assigned agencies, including officers, directors, trustees, employees, independent contractor together with all or related personnel, both individually and collectively, from any liability for damages of whatever kind, which may at any time result to you, your heirs, family, or associates because of compliance with this authorization and request to release information. You may be contacted as indicated below. A copy of this authorization (if not previously destroyed in accordance with record retention policies) will be given to you, provided you request it in writing.		
<b>Signature</b>	<b>Date</b>	<b>Telephone Number</b>

All information acquired will be used within the Academy/Alliance organization as it pertains to employment or volunteer work with children unless signified otherwise in writing upon completion of this form.

*A different form may be required by the reporting agency or state government agency you are using.*