



SoCal
DISTRICT
PENTECOSTAL CHURCH OF GOD

Background Investigation Consent

Pentecostal Church of God, Southern California District, Inc.

By completing this form, you hereby authorize The Pentecostal Church of God, Southern California District, Inc and/or its agents to make an independent investigation of your background, references, character, past employment, education, criminal or police 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 for Camp worker or event worker.

I release the Pentecostal Church of God, Southern California District, Inc. and/or its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information obtained from any and all of the above reference sources used.

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

Date _____/_____/_____

Social Security Number _____-_____-_____

Full Name (first, middle, last): _____

Date of Birth (month/day/year): _____/_____/_____

Driver's License Number * : _____

Date of Issuance *: _____

*NOTE: The above information is required for identification purposes only.

Address:

Street Address : _____

Street Address Line 2 _____

City State / Province _____

Postal / Zip Code _____

Email (example@example.com): _____

Signature: _____ Date: _____/_____/_____