

BACKGROUND CHECK AUTHORIZATION

Church _____ City _____

I hereby authorize the Southern Missouri District of the Assemblies of God to run a criminal background check to be able to work at SOMO Youth or Kids Camps.

Name (Please print) _____ Signature _____ Date _____

Name (Please print) _____ Signature _____ Date _____

Name (Please print) _____ Signature _____ Date _____

Name (Please print) _____ Signature _____ Date _____

Name (Please print) _____ Signature _____ Date _____

Name (Please print) _____ Signature _____ Date _____

Name (Please print) _____ Signature _____ Date _____

Name (Please print) _____ Signature _____ Date _____

Name (Please print) _____ Signature _____ Date _____

Name (Please print) _____ Signature _____ Date _____