

# CENTRAL TEXAS CONFERENCE CONSENT FOR NATIONAL BACKGROUND CHECK

**This is required by Central Texas Conference to become a member of Early Response Teams.**

## Information and Consent for National Background Check

Printed Name as Seen on Issued State ID:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Birthdate (month/date/year): \_\_\_\_/\_\_\_\_/\_\_\_\_                      \_\_\_\_ Male    \_\_\_\_ Female

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

I authorize the Central Texas Conference of The United Methodist Church to perform a national background check for the purposes of working with/around children, youth, and vulnerable adults.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\*\*\*\*\*  
**Please bring to class and turn into trainer.**

\_\_\_\_\_  
Trainer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Class Location