

**CERTIFICATION OF NATIONAL CRIMINAL BACKGROUND CHECK
AND INDEMNIFICATION**

I _____ have consented for the Baptist Church to conduct a national criminal background check on me within the past three years. I now consent for _____ Baptist Church to share its results with the Kilpatrick Baptist Association.

Date:

Signature of applicant

Results:

_____ Our background check on the above applicant revealed no problems that would prevent them from working with children or youth in our church.

_____ Our background check on the above applicant did reveal problems that prevent them from working with children or youth in our church.

By signing this document you are certifying on behalf of your church that your church has an ongoing child protection program in place for screening and protection against child abuse and that the program is being enforced. You are further certifying that the above information is true and accurate.

Further _____ Baptist Church for itself and for and on behalf of its officers, employees, representatives, volunteers and agents (hereinafter collectively "indemnitor") covenants and agrees that it will indemnify, protect and hold harmless the Kilpatrick Baptist Association and its officers, employees, representatives, volunteers and agents (hereinafter collectively "indemnitee"), from and against all claims, damages, losses, liabilities, litigation, judgments, proceedings, or expenses of any kind against indemnitee, arising directly or indirectly from, out of, or as a result of any acts or omissions of indemnitor (specifically including any negligence), or indemnitor's breach of, violation of, or failure to fully comply with any documents, agreements, commitments or policies provided to or for the benefit of indemnitee.

Church Representative's Signature _____ Position
Date

CRIMINAL HISTORY RECORD INFORMATION
CONSENT FORM

I hereby authorize the **Kilpatrick Baptist Association** to have **LexisNexis.**, to receive any criminal history information pertaining to me, which may be in the files of any National, State or Local criminal justice agency and release all such information obtained to the Kilpatrick Baptist Association.

Today's Date:

Print your LAST name: _____ FIRST name:

Middle initial/name: _____

List any maiden name or alias:

Other Last name: _____

Other First name: _____

Other Middle Initial: _____

SS# (no dashes or hyphens): _____

Sex: _____ (M/F) Date of Birth: __ __ / __ __ / __ __ __ __ (MM/DD/YYYY)

List any other SS#'s you have used: _____

Your present street number #: _____ Street Name:

City: _____ State: _____ Zip: _____

County: _____ Phone number : _____

Sign your name:

Office use only

date: _____ reply: _____ initials _____