

NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH ____/____/____

DRIVER'S LICENSE # AND STATE ISSUED: _____

VOLUNTEER APPLICANT AUTHORIZATION

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include a criminal records search.

Further, I authorize other organizations to provide such information to FirstPoint.

New York employers and residents only:

By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

CONSUMER DISCLOSURE

I understand that a consumer report (Insight) may be obtained from the FirstPoint, Inc for background screening purposes.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OLD)

_____/_____/_____
DATE

California, Minnesota & Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.

Yes No

For GA Criminal Searches Only (Must Check One): Employment w/ Mentally Disabled (Purpose Code M)
Employment w/ Elder Care (Purpose Code N) Employment w/ Children (Purpose Code W) None Apply

Alpharetta Presbyterian Church

Requester: _____

CLIENT ID#: INS_00727

National Criminal/Sex Offender