

Clemmons United Methodist Church  
3700 Clemmons Road  
PO Box 829  
Clemmons, NC 27012  
336-766-6375

## Volunteer Background Check Authorization Form

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

Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ / Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ / Email: \_\_\_\_\_

Any other addresses during the last five years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission to Clemmons United Methodist Church to perform a background check on me as a condition of my volunteering.

\_\_\_\_\_  
Signature / Date