

Proof of Background Check Affidavit

_____ (*Name of Church*) has performed a **National Background Check** (Required due to the Overnight Exposure) by _____ (*Company/Source Performing the Background Check*) on _____ (*Name of Volunteer*) with _____ (*Social Security Number*). **The National Background Check**, dated _____ (*Date of Background Check*), is on file at _____ (*Location of the File*). The custodian of the Background

Check information is:

Name _____

Position with Church _____

Address _____

City _____ State _____ Zip _____

Phone: _____ E-mail _____

I hereby certify the information above to accurate and complete.

Custodian of Records Printed Name: _____

Custodian of Records Signature: _____

Witness: _____

Sworn to and subscribed before me this _____ day of _____, 200____.

Notary

My Commission expires: _____