

OAK CLIFF BIBLE FELLOWSHIP
CONSENT TO PERFORM A HISTORY/BACKGROUND CHECK
PERSONAL INFORMATION

Upon completion please e-mail to tblatheletics@ocbfchurch.org

PLEASE COMPLETE THIS FORM IN ALL CAPS

Name:		
Team Name:	Team Age Group:	
Please Place an X in One Box: Head Coach: <input type="checkbox"/> Assistant Coach: <input type="checkbox"/>		
Your Address:		
City:	State:	Zip:
Birth date:	Home #:	Cell #:
Social Security Number:	Gender:	Race:
Driver's License Number:	State of Issue:	Eye Color:

I, _____, am an applicant for a volunteer position in The TurnAround Athletic League. As part of the application process I have been advised that Oak Cliff Bible Fellowship conducts a criminal history check that may include a credit report and or motor vehicle report. I do hereby consent to the use of any and all information provided to Oak Cliff Bible Fellowship in the application process to be used in the criminal history/background check.

A criminal conviction will not necessarily disqualify you from consideration.

The following are my responses to questions about my criminal history (if any).

YES NO Have you ever been convicted of, or pled guilty to a crime other than a minor traffic violation or are you now under charges for any criminal offense?

YES NO Have you ever received probation or community supervision for any federal, state or municipal offense?

YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

YES NO As of the date of this consent form, do you have any pending charges against you?

YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

If you checked yes to any of the above questions please provide details below.

State _____ **County** _____ **Date of Offense** _____ / _____ / _____

Details of conviction: _____

Please use the back of this paper if further details are necessary

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I CHECK THIS RELEASE AS MY OWN FREE ACT. BY CHECKING THIS BOX IT WILL SUBSTITUTE MY ORIGINAL SIGNATURE AND WILL BE BINDING TO PROJECT TURNAROUND, TURNAROUND ATHLETIC LEAGUE OR ANY EMISSARIES.
DATE: _____