



Olive Baptist Church
www.olivebaptist.org

Background Check Authorization

We require volunteers and participates on mission with Olive Baptist Church to do a background screening. Please fill out the information below.

Information required:

Full Name: _____

Date of Birth: _____ Social Security _____

Street Address: _____

City: _____ State: _____ Zip: _____

Any other name you may be known as (AKA):

Olive Baptist Church requires anyone participating in a mission trip to complete the IMB Child Protection Course and submit to a background check.

The course may be taken online at olivebaptist.org/missions/forms.asp. The course must be completed and the questionnaire turned in to the missions' office with the last trip payment.

I hereby authorize Olive Baptist Church to run a background check through any agency of their choice.

Signature: _____ Date: _____