

Gateway Christian Co-op

922 Hylo Rd. SE
Salem, OR 97306

Criminal Background Check Form

Please Print Clearly

Name:

First _____ Middle _____ Last _____

Nicknames _____ Maiden Name _____

Street Address: _____

City, State, Zip: _____

Date of Birth: (MM/DD/YYYY) _____ Sex: (M/F) _____

Social Security number: (____ - ____ - ____) _____

I hereby authorize Gateway Christian Co-op, 922 Hylo Rd. SE Salem, OR 97306, to receive any criminal history record information pertaining to me. This information will be used to determine eligibility in participating and helping at Gateway Christian Co-op.

I understand that a check with the sex offender registration list will also be completed at the same time.

Signature _____ Date _____

Do Not Write Below This Line

Criminal Record Attached? (Y/N) _____ Accepted or Declined? (Y/N) _____

Verified by Gateway Christian Co-op Leadership Member:

Signature _____ Date _____

Date of next criminal background check renewal: _____
(2 years after the above signed date)