

North Carolina District Royal Rangers



Permission to Conduct a Background Check

This form MUST be completed by ANY Royal Ranger Leader, Parent, or Volunteer (18 years or over) that participates in ANY North Carolina (NC) District Royal Rangers overnight events- including (but not limited to) POW-WOWS, RTA (Ranger Training Academy), FCF events, NC District training events, or any other event(s) that requires an overnight stay with minors.

PLEASE NOTE: **Fill in ALL information.** Incomplete forms will not be processed.

DATE: _____

CHURCH: _____

CHURCH MAILING ADDRESS:

(STREET)_____

(CITY)_____ (STATE)_____ (ZIP CODE)_____

PASTOR NAME: _____

CHURCH PHONE #:()_____ OUTPOST #:_____

APPLICANT'S INFORMATION

(PLEASE PRINT AND SPELL CLEARLY)

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

(IF FEMALE, PLEASE PROVIDE MAIDEN NAME): _____

SEX: (M/F) _____ BIRTHDAY: (MM/DD/YR) _____

SOCIAL SECURITY NUMBER **(THIS IS REQUIRED):** _____

MAILING ADDRESS (MUST BE A PHYSICAL ADDRESS—NO P.O. BOX. NUMBERS)

(STREET)_____

(CITY)_____ (STATE)_____ (ZIP CODE)_____

(COUNTY)----- (TELEPHONE #) ()_____

EMAIL ADDRESS: _____

North Carolina District Royal Rangers



Please answer the following questions to the best of your ability-

During the past 10 years, have you ever been convicted of a crime? (Excluding traffic violations)

YES _____ NO _____

If yes, please explain:

Have you ever been accused of and/or convicted of child abuse, child neglect, or any other sexual and/or physical charge and/or crime against a minor?

YES _____ NO _____

If yes, please explain:

Do you consent to have a NC Conviction Information Name Check (Background Check) processed by the NC District Royal Rangers and/or NC State Police?

YES, I will allow a background check to be obtained: _____

NO, I do not consent to have a background check. _____ (I understand this WILL affect the possibility of attending ANY NC District Royal Ranger sponsored overnight event(s).)

I understand that the NC District Council of the Assemblies of God Royal Rangers Department will be conducting a background check on individual named and that the information gathered will not be shared with anyone other than my Pastor. I also understand that any negative information gathered will be used to determine my ability to participate in NC District A/G sponsored overnight events including minors. I give the North Carolina District Council of the Assemblies of God, Inc. permission to conduct a background check to include a criminal records check.

PASTOR'S SIGNATURE: _____ (DATE) _____

APPLICANT'S SIGNATURE: _____ (DATE) _____

Please mail this **SIGNED** and **COMPLETED** form with **a \$10.00 check/money order** (NO CASH) to:

NCAG/ Linda Roberts/ 410 North Orange Ave./ Dunn, NC 28334

-Background checks are good for 5 years from the date they are completed. You can find your information on the web at <http://www.ncroyalrangers.com/volunteers>