

# CONFIDENTIAL

## Compassion International — Advocates Network Background Check Authorization

POSITION OF SERVICE

PRINT NAME: FIRST MIDDLE LAST

FORMER NAME(S) AND DATES USED: MAIDEN YEAR MARRIED

PLEASE INCLUDE ADDRESSES FOR THE LAST **SEVEN YEARS**. USE ADDITIONAL PAPER IF NECESSARY.

CURRENT ADDRESS SINCE: MO/YR STREET CITY ZIP/STATE

PREVIOUS ADDRESS SINCE: MO/YR STREET CITY ZIP/STATE

PREVIOUS ADDRESS SINCE: MO/YR STREET CITY ZIP/STATE

SOCIAL SECURITY NUMBER DATE OF BIRTH

TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER/STATE

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Compassion International — Advocates Network** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report and/or investigative consumer report may include but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state and county jurisdictions; driving records, birth records and any other public records.

I further authorize any individual, company, firm, corporation or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Compassion International — Advocates Network** or its agents. I further authorize the complete release of any records or data pertaining to me that the individual, company, firm, corporation or public agency may have, to include information or data received from other sources.

I hereby release **Compassion International — Advocates Network**, the Social Security Administration and its agents, officials, representative or assigned agencies, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release.

SIGNATURE

DATE

ADVOCATES NETWORK



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