



シンプソン合同メソジスト教会

# Simpson United Methodist Church

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## **Volunteer Consent Form Background Check**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_, give permission to Simpson United Methodist Church to conduct a background check on myself as a volunteer for the church working with infants, children, and youth.

Date: \_\_\_\_\_