



## CRIMINAL HISTORY SEARCH AND WAIVER

DATE: \_\_\_\_\_

TO: Common Grace Ministries, Inc.  
PO Box 203, 2004 E. Dowling St.  
Kendallville, IN 46755

I hereby authorize and give my consent for the release of my criminal record; if any, by Common Grace Ministries, Inc. as may be required for the purpose of volunteering within the Common Grace Ministries, Inc. organization.

I hereby waive, release and surrender any and all rights to claims which I may have against Common Grace Ministries, Inc., and any of its ministries, officers or employees as a result of search of such records.

This release and waiver form shall expire thirty (30) days from the above date.

Search Date: _____	Print Full Name: _____ _____
( ) No Conviction Data Found	Other Names You Have Held: _____ _____
( ) Criminal History as Follows _____ _____ _____ _____ _____ _____ _____	Address: _____ _____ _____ _____ _____
_____	City/State/Zip: _____ _____
_____	Date of Birth: _____ _____
_____	_____
<b>Executive Director's Signature</b>	<b>Volunteer Signature</b>