



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: _____ <input type="checkbox"/> No Conviction Data Found <input type="checkbox"/> Criminal History as Follows _____ _____ _____ _____ _____ _____ _____ _____ _____	Print Full Name: _____ _____ Other Names You Have Held: _____ _____ Address: _____ _____ City/State/Zip: _____ _____ Date of Birth: _____ _____ _____
Executive Director's Signature	Volunteer Signature