



**VESSELS OF HONOR INTERCESSORY PRAYER MINISTRY (VOHIPM)
DBA: VESSELS OF HONOR**

VOLUNTEER BACKGROUND AUTHORIZATION FORM

*Program for which you are volunteering: _____

LEGAL NAME AS IT IS LISTED ON YOUR DRIVERS LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)

First Name

Last Name

Middle Name at Birth

_____/_____/_____
Date of Birth

_____/_____/_____
Social Security Number

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced

Valid Driver's License / State ID#

Issuing State

Present Street Address

City, State, Zip Code

How long Have you been at this address? _____

Telephone Number#

Work Phone #

Email Address

Gender: _____ Male _____ Female _____ Transgender _____ Genderqueer _____ Other

Race: _____ African American _____ Asian _____ Caucasian _____ Hispanic _____ Other

I hereby authorize The VOHIPM to conduct a complete criminal history check as a basis of my placement as an employee or a volunteer with the organization. I understand and agree to immediately report any changes in my criminal history to the corporate office of VOHIPM.

Volunteer Signature: _____

Date: _____

Print Name: _____