

Safe Sanctuaries
Proof of Background Check Affidavit

_____ (Name of Church/Organization)
has performed a **National Background Check** by _____
(Name of Company performing the background check) on _____
(Name of volunteer) with _____ (Social Security number). The National
Background Check, dated _____ (Date background check was run), is on file at
_____ (Location of file). The National Background Check
was _____ clear _____ not clear. The custodian of the Background check information is:

Name _____
Position with Church/ Organization _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

I hereby certify the information above to be accurate and complete.

Custodian of records Print Name _____

Custodian of records Sign Name _____

Witness _____