

THE NATIONS INITIATIVE  
*ad finis terrae*

**Background Check Consent Form for Mission Team**

**Mission Trip Details:**

- **Destination:** \_\_\_\_\_ [Location of Trip]
- **Dates:** \_\_\_\_\_ [Start] to \_\_\_\_\_ [End]
- **Trip Leader:** \_\_\_\_\_ [Leader's Name]
- **Contact Info:** \_\_\_\_\_ [Phone, Email]

**Participant Information:**

- **Full Name (as it appears on ID):** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Social Security Number:** \_\_\_\_\_
- **Driver's License Number:** \_\_\_\_\_
- **State of Issuance:** \_\_\_\_\_
- **Home Address:** \_\_\_\_\_
- **City, State, ZIP Code:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

**Consent for Background Check:**

As a participant in the mission trip organized by **The Nations Initiative** and/or **Bethlehem Christian Academy**, I understand that my role will involve working with children and vulnerable individuals. To ensure the safety and well-being of all participants, **The Nations Initiative** and/or **Bethlehem Christian Academy** requires a background check as part of the screening process.

I hereby authorize **The Nations Initiative** and/or **Bethlehem Christian Academy**, its designated agents, or representatives to conduct a comprehensive background check, which may include but is not limited to the following:

- **Criminal history check**
- **Sex offender registry check**
- **Driving record check**
- **Verification of employment and/or educational history**
- **Reference checks**

I understand that this information will be used solely for the purpose of determining my eligibility to participate in the mission trip and work with children. I also understand that this information will be kept confidential and will only be shared with those responsible for making decisions regarding team participation.

I further authorize all persons, institutions, and organizations with information about me, including law enforcement agencies, to release such information to **The Nations Initiative** and/or **Bethlehem Christian Academy** or its agents.

I release **The Nations Initiative** and/or **Bethlehem Christian Academy**, its employees, volunteers, and agents from any and all liability, claims, or damages related to the background check process or the use of information obtained through it.

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that any false or misleading information or omissions may disqualify me from participation in the mission trip.

**Disclosure of Background Check Results:**

**The Nations Initiative** and/or **Bethlehem Christian Academy** will notify me if any adverse actions are taken based on the results of the background check. I understand that I have the right to request a copy of the background check report and to dispute any incorrect information.

**Acknowledgment and Signature:**

I have read and understand this Background Check Consent Form. By signing below, I voluntarily agree to undergo the background check as described above.

**Participant Signature:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_