

**FELLOWSHIP BIBLE CHURCH**

**One Fellowship Way • Methuen, MA 01844**

Church (978) 688-7184 ext. 12 • School (978) 686-9373 ext. 10 • Fax (978) 685-7466 • email: fbcmethuen@yahoo.com

**Fellowship Bible Church / Fellowship Christian Academy  
Consent for Criminal (CORI) and/or Driving Records Check**

AREA OF SERVICE: \_\_\_\_\_

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL
_____ MAIDEN NAME (if applicable)	_____ /   / DATE OF BIRTH	_____ RACE
_____ SOCIAL SECURITY NUMBER		M / F
		CIRCLE ONE
_____ STREET		_____ CITY
_____ STATE	_____ ZIP CODE	_____ HOME PHONE #
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_____ <b>FATHER'S</b> Last Name	_____ <b>FATHER'S</b> First Name	
_____ <b>MOTHER'S</b> Last Name	_____ <b>MOTHER'S</b> First Name	_____ <b>MOTHER'S</b> Maiden Name

<u>FOR DRIVING RECORDS CHECK PURPOSES</u>	
Driver's License Number: _____	State:
	<input type="checkbox"/> MA
	<input type="checkbox"/> NH*
	<input type="checkbox"/> Other _____
<div style="border: 1px solid black; padding: 5px;"> <p>* NH Residents only:</p> <p>Do you have automobile insurance coverage?   <input type="checkbox"/> YES   <input type="checkbox"/> NO</p> </div>	
<p>Note: NH residents must also fill out the State of NH's official Driving Form. It can be obtained from the Church Office.</p>	

I, \_\_\_\_\_, give Fellowship Bible Church and Christian Academy consent to obtain a copy of my Criminal Offender Record Information (CORI) and/or Driving Record for the purposes of employment or volunteering with children.

SIGNATURE: \_\_\_\_\_ /   /  
DATE

**\* Please attach a copy of your driver's license to this form \***