

## Step 1 SEYM CAP Program Youth Worker Application Permission to Obtain a Background Check

**Privacy Statement:** We are required to take many steps to assure your privacy. Any information obtained with background and reference checks is kept in the strictest confidence. No background or reference check information is stored on any computer or internet files. SEYM is required to keep all your documentation in a locked safe. If you have any questions about your privacy or the CAPP program, please contact the SEYM office: (407)739-4150; [office@seym.org](mailto:office@seym.org).

### Step 1 SEYM CAP Program Youth Worker Application

I, the undersigned applicant (also known as “consumer”), authorize Southeastern Yearly Meeting, through a secure provider contracted by Guide One’s Safe Church, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me. This report may include information about my character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with the people named as references in this form. The report also may include my driving history, including any traffic citations; social security number verification; present and former addresses; criminal and civil court history/records; and state sex offender records. I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my written request to Southeastern Yearly Meeting, if such request is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: \_\_\_\_\_

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

#### Identifying Information for Background Information Agency

Name: \_\_\_\_\_

(Print) First, Middle, Last

Other Names used: \_\_\_\_\_

(maiden, nickname, alias)

Current address: \_\_\_\_\_

Street or P. O. Box, City, State, Zip Code

Former address: \_\_\_\_\_

Street or P. O. Box, City, State, Zip Code

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell phone number \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Please complete this form and mail to SEYM office, together with your **References** form: **SEYM, P.O. Box 1062, St. Petersburg, FL 33731-1062**

## REFERENCES *form to be completed by Applicant*

Your Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

I am a member/attender at \_\_\_\_\_ Meeting/Worship Group.

I have been attending the above Meeting for \_\_\_\_\_ (months/years)

Please provide three references, with names, phone numbers, and e-mail addresses from people (not family members) who know you well. Include at least one reference from your Monthly Meeting or Worship Group. *(Note: It would be a courtesy to ask persons if they would agree to be a reference for you, and to let them know that an SEYM Friend will be calling them. It would be helpful to indicate which references are Quaker, and if you can, a best time to call the person.)*

1) Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Quaker? \_\_\_\_\_

Email: \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Quaker? \_\_\_\_\_

Email: \_\_\_\_\_

3) Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Quaker? \_\_\_\_\_

Email: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_