

Step 1 SEYM CAP Program Youth Worker Application

Permission to Obtain a Background Check

This form authorizes **Southeastern Yearly Meeting** to obtain your background information and must be completed by the applicant. Please read our privacy statement on this page.

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 my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the 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 request to Southeastern Yearly Meeting, if such 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**

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.

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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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