

Background Check Information and Form
(PLEASE BRING WITH YOU – DO NOT MAIL)

A background check must be performed on each person attending NC Baptists on Mission events 18 years old and above. You, as a church, can choose which agency is used to perform the background checks on each person 18 years old and above. If your church already provides background checks, you can use this information. North Carolina Baptist Men/Baptists on Mission has a contract with Protect My Ministry in which you can obtain background checks. The link for Protect My Ministry is: <http://protectmyministry.com/ncbaptist/>. The Baptist State Convention of North Carolina uses First Point. If you would like to set up an account with First Point, please contact Scott Hall at 800.288.7408, ext. 3037 or send him an email at shall@firstpointresources.com. You will be given a special rate of \$10 per person for the appropriate background check. He will be glad to help you set up an account. If you choose to use First Point, setting up an account takes some time. If any background check comes back with a felony or serious driving issue, you must contact Dollie Noa to discuss issue at 800.395.5012, ext. 5598. (No personal information needs to be shared, only incident or issues)

As a reminder, you do not have to use Protect My Ministry or First Point. You can use another reputable company.

(Conducting background checks is a Baptist State Convention Policy that Baptists on Mission is required to abide by)

PLEASE BRING THIS FORM COMPLETED TO FAMILY MISSIONS WEEKEND (DO NOT MAIL OR EMAIL)

Location _____ Date of Week _____

The following people from _____ (name of church)

Located at _____ (street address) _____ (city and state)
 have been cleared by background checks – performed by a professional company – to accompany, chaperone, work with children or participate in other activities at Family Missions Wkend during the week of _____.
 Any person who is found to have criminal convictions related to sexual offenses shall in no case be permitted to attend.

| Name of Adult | Indicate what person is doing: chaperoning, driving a vehicle, teaching Bible Studies, etc. |
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Use more than one sheet if necessary

This form is certified by signature of pastor of the church, chairperson of deacons, head of personnel committee, or other church staff or member in a leadership position.

Position in Church _____

Printed name _____

Signature _____ Date _____