

EFC-MAYM First Advantage Background Search Authorization Form

This Form is to be filled out in full and signed by the adult for which the search is requested for and mailed (or emailed to efcmaym@efcmaym.org) with appropriate payment (\$10.00 each made payable to EFC-MAYM, or no charge for adults registering for an EFC-MAYM program event) to *Friends Ministry Center, 2018 W Maple St, Wichita, KS 67213*.

Note: Adults registering for an EFC-MAYM event should complete and send this form to the Ministry Center no later than the registration deadline date.

Church and Reason for Background
Search Authorization:

First Name*

Full Middle Name *

Last Name*

Maiden Name (if married female)*

Social Security Number*

Gender*

Date of Birth*

Street Number & Name*

Apartment #*

City, State and Zip Code*

***=required fields**

Have you ever been charged with or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor?

Yes ___ No ___

Have you ever been arrested or convicted for any violation of criminal law other than traffic violations?

Yes ___ No ___

Have you ever taken medication or been hospitalized for mental or emotional problems?

Yes ___ No ___

Do you authorize EFC-MAYM to run a LexisNexis background search on you?

Yes ___ No ___

Signature: _____

Date: _____