GREAT FUTURES START HERE.



Background Check Permission

BGCSTC conducts background checks on all prospective and current volunteers and employees on an annual basis. We utilize the services of one of the largest screening providers in the world, First Advantage. This check will include but is not limited to the following:

- A National Criminal Search
- A Missouri State and/or local Criminal Record Search
- A Social Security Verification Search
- A State Sexual Offender Registry
- A Motor Vehicle Record Check
- Additional searches may be required

A National Sexual Offender Registry search will be conducted for each prospective and current volunteer and employee utilizing the Department of Justice National Sex Offender Public Registry. All employees of the BGCSTC must be registered with the Missouri Family Care Safety Registry, which requires submitting to and passing the MFCR background check.

In accordance with Missouri law, any juvenile (under the age of 18) criminal history data may only be released to the individual, their parents or guardian. Therefore, permission from the individual's parent or guardian to release the information to the BGCSTC administrative office is required as indicated in the affirmation statement below.

Permission to Conduct Background Check & Affirmation Statement

By signing below, I authorize the Boys & Girls Clubs of St. Charles County to conduct background checks on me through the agencies mentioned above and authorize the release of all information provided by law enforcement agencies related to any potential past criminal activity on my part to the Boys & Girls Clubs of St. Charles County. I understand that this information will be considered in the hiring process but will not be a sole determinant of employment or volunteering.

Any juvenile (under the age of 18) requires the consent of a parent/guardian to release their criminal history data to the administrative office of the Boys & Girls Clubs of St. Charles County.

I further state that I am currently drug free and have no record of crimes against children.

Printed LAST Name	MIDDLE (required)	FIRST	So	ocial Security Number
Address		City	State	Zip
Driver's License Number		Driver's License Expiration		
Signature		Date		Date of Birth
Email (required)		Phone number (required)		
Parent/Guardian Signature (if applicable)		Pare	Parent/Guardian Printed Name	