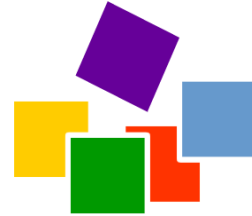




the riverside children's arts center  
a ministry of riverside avenue christian church



Phone (904) 389-1751  
Fax (904) 384-4688  
[www.jaxdisciples.com](http://www.jaxdisciples.com)

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR  
EMPLOYMENT PURPOSES (WORKING WITH CHILDREN)**

**I understand that the RIVERSIDE CHILDREN'S ARTS CENTER of  
RIVERSIDE AVENUE CHRISTIAN CHURCH will conduct a criminal  
background check on applicants for employment or volunteer positions working  
with children. I further understand that I must provide the following information  
so the background check may be done:**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Birthday (month, day, year):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Drivers License Number and state of issue:** \_\_\_\_\_

**I understand any potential offer of employment will be contingent upon passing  
the background screening. Additionally, I understand that if employed by the  
RIVERSIDE CHILDREN'S ARTS CENTER of RIVERSIDE AVENUE  
CHRISTIAN CHURCH, I will be subject to random drug testing.**

**I hereby authorize the RIVERSIDE CHILDREN'S ARTS CENTER of  
RIVERSIDE AVENUE CHRISTIAN CHURCH to conduct a comprehensive  
review of my background to ascertain my suitability for working with children.**

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