



NEW JERSEY DISTRICT
ROYAL RANGERS
ADVANCEMENT ACADEMY

209 Fawn Drive • Newfield, NJ 08344 • (856) 697-9111 • rr3bob@aol.com

Memo to: District Staff, Academy Staff, Academy - Commanders, Helpers,
One Day Visitor(s) and/or Volunteer(s)

From: Ellwood Cutler, District Director

Subject: Criminal Background Checks

The NJ District of the Assemblies of God has adopted a policy of requiring criminal background checks for all Royal Rangers volunteering to serve on the District and/or Academy Staffs and/or Volunteers during the Academy. To accommodate this policy, submit the attached "Authorization Form" directly to the NJ District Headquarters.

Please take note of the following instructions:

- 1) Complete Form and have it notarized
- 2) Mark the envelop Personal & Confidential – RR
- 3) Authorization Forms for the Academy Staff should be mailed by July 27, 2011
- 4) If pass July 27, please fax the Form to the number below and mail the original to the District Office
- 5) Do not send the Form to the Cmdr Bob Carlino or myself
- 6) Mail Form to:

NJ District AG Ministry Resource Center
Attn: Cheryl Auterson
P. O. Box 100
2005 Columbus Road
Burlington, NJ 08016
Fax #1-609-747-9425

Background Checks are good for two (2) years. If you filed a Form last year, you status is still good. If you have any questions please call Cmdr. Ellwood at 1-908-369-6422.

God bless you,

Ellwood Cutler
District Director

NEW JERSEY ASSEMBLIES OF GOD ROYAL RANGERS

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with any application for volunteer service with the NJ Assemblies of God Royal Rangers, I authorize the NJ Assemblies of God Royal Rangers and their respective agents to solicit background information relative to my criminal history, driving record, and references.

I AUTHORIZE, WITHOUT RESERVATION, ANY PERSON, AGENCY, OR OTHER ENTITY CONTACTED BY THE NJ ASSEMBLIES OF GOD ROYAL RANGERS OR THEIR AGENTS, TO FURNISH THE ABOVE MENTIONED INFORMATION.

I release the NJ Assemblies of God Royal Rangers, their respective employees, agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

INFORMATION REQUIRED

PLEASE COMPLETE INFORMATION BELOW

Full Name (Please Print):	
Date of Birth:	
Place of Birth: (City, County, State)	
AKA or Maiden Name:	
Social Security:	
Current Address: (Street Address, City, State, Zip, County)	
Length of time at present address:	
Previous Address: (Street Address, City, State, Zip, County) * If current address is less than 2 years	

AUTHORIZATION SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18)

DATE

NOTARY PUBLIC

STATE OF _____)

) ss.

COUNTY OF _____)

On this _____ day of _____, 20__, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

WITNESS my hand and official seal the day and year in this certificate first above written.

(SEAL)

Notary Public in and for said County and State

My commission expires