APPLICANT BACKGROUND WAIVER

Name: _____
First Middle Last

Current Address: _____
Street Apt./Suite

_____
City State Zip Code

Date of Birth: _____/_____/_____
Month Day Year

Social Security No.: _____ - _____ - _____ **

I hereby authorize The Most Worshipful Grand Lodge of Free and Accepted Masons of Florida to contact any company or individual they deem appropriate to investigate my background, criminal and civil court history, character and qualifications. I further consent to their review of any and all information obtained as a result of this investigation. I understand that any matter deemed inappropriate as having possible adverse effects on the The Most Worshipful Grand Lodge of Free and Accepted Masons of Florida (Grand Lodge) or Freemasonry as a whole is justification for exclusion from the Child ID Program. I hereby waive my right to bring any cause of action against the Grand Lodge, their Officers or Members for defamation, invasion of privacy or for any other reason arising from their investigation.

I agree that if my assistance with the Child ID Program is accepted, I will abide by all of the By-Laws, Rules and Regulations as set forth by the Lodge and Grand Lodge.

Signature: _____ Date: _____ 20 _____

Email form to: gs@floridamason.org or fax to (904) 632-3865.
Mail form to: Grand Lodge of Florida
P.O. Box 1020
Jacksonville, FL 32201-1020

** Note: Upon execution of the receipt portion of this form by the individual, the Social Security Number will be redacted (delete the first five numbers).