

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Suffix (Jr., III, etc.): _____ Sex: _____ Date of Birth: ____ / ____ / ____

Social Security Number (required): _____ - _____ - _____

Street Address (No P.O. Box): _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ - _____ - _____ County: _____

Ministry Area (i.e. Children's, Teens, Adults, etc.): _____

Notice, Authorization, and Release for the Procurement of a National Background Check.

I, the undersigned person, do hereby authorize Park Chapel Christian Church by and through its independent contractor, to procure a National Background Check on me. I understand that this authorization and release shall be valid for subsequent investigative reports during my volunteer service at Park Chapel Christian Church for the purpose of investigating any incidents of misconduct or criminal activity for which I am alleged to have been involved during my volunteer service.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through personal references; personal interviews; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity, or governmental agency who may have information relevant to the National Criminal Background Check to disclose the same to Park Chapel Christian Church by and through the contractor, including, but not limited to any and all courts, public agencies, and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any National Background Check of which I am the subject upon my written request to Park Chapel Christian Church, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. & 1681et. Seq.

Signature: _____ Date: ____ / ____ / ____

After completion, drop in designated box at Connecting Point.