

Background Check Authorization Statement

I, the undersigned, acknowledge that the information provided in this document is accurate and truthful to the best of my knowledge.

I do hereby authorize Colonial Baptist Church by and through an independent contractor, Protect My Ministry, to procure an investigative (criminal background) report and an identity verification report on me. This report may include information as to my character and general reputation, discerned through personal references; a social security number verification and criminal and civil history/ records or any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to Colonial Baptist 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.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Colonial Baptist Church by and through Protect My Ministry, 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 hereby release Colonial Baptist Church, Protect My Ministry and any and all persons, business entities and governmental agencies whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing an investigative consumer report hereby authorized.

I understand that this Notice/Authorization Release form shall remain in effect for the duration of my employment or volunteer service with Colonial Baptist Church. Additionally, I give permission to investigate any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment or volunteer ministry.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application will be terminated based on any false, omitted or fraudulent information.

Name (Print)_____ Date of birth_____

Address_____

Social Security Number_____ Male_____ Female_____

Driver's License #_____ State_____ Expiry Date_____

Signature_____ Date_____