

**CHRIST UNITED METHODIST CHURCH
VOLUNTEER NOTICE AND AUTHORIZATION FOR BACKGROUND CHECK**

NOTICE

This is to inform you that Christ United Methodist Church ("CUMC") may obtain information about you and/or your history related to potential criminal activity. The report from authorized sources may include, among other information, arrest, conviction, and driving record information. CUMC may additionally obtain information concerning your background, character, medical conditions, employment, education and military experience. Information obtained by CUMC will be used only for the purposes of assessing your suitability to become a volunteer.

AUTHORIZATION

I hereby authorize and instruct CUMC to procure a report on me, including criminal background history, which I understand may include, among other information, arrest, conviction, and driving record information. I also authorize and instruct CUMC to verify my Social Security number and to investigate my background and character in any manner they see fit to evaluate my potential as a volunteer, including obtaining information from medical providers, employers, educational institutions, military agencies, and other sources. If I become a volunteer for CUMC, I authorize CUMC to repeat these investigations at any time for as long as I remain a volunteer. I authorize and instruct any individual, corporation, and public or private entity having knowledge about me to furnish CUMC any and all information they may have regarding me. I unconditionally release and hold harmless CUMC and its officers, agents, and employees, and any person furnishing information to them pursuant to this authorization, from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, non-disclosure, or omission of any information. I additionally agree to indemnify CUMC and its officers, agents and employees for any and all attorney fees, court costs, and other expenses resulting from investigating my background, gathering information concerning me, or verifying personal information about me. I understand the information obtained by CUMC pursuant to this authorization is confidential and will be protected as much as reasonably possible. Furthermore, I understand that CUMC holds the right to deny my participation as a volunteer at CUMC, and, for confidentiality, is not required to disclose the reason(s) for doing so. A photocopy of this authorization may be accepted in lieu of the original.

_____ Date

_____ Applicant's Signature

PERSONAL IDENTIFICATION AND BACKGROUND INFORMATION

PLEASE PRINT:

Complete Legal Name: _____ Gender: M ____ F ____

If name changed (through marriage or otherwise), former name _____

Date of Birth _____ Social Security Number _____

Drivers License Number _____ State _____ Expires _____

Residences (Past 7 years):

(Current) Address _____ City _____ State _____ Zip Code _____

Address _____ City _____ State _____ Zip Code _____

Address _____ City _____ State _____ Zip Code _____

Have you ever been (circle if yes) charged with/convicted of a (circle if yes) misdemeanor/felony No ____ Yes ____

Details: _____

Have you ever been cited for a traffic violation? No ____ Yes ____ Details: _____

CUMC Program Area Requesting Background Check _____