



**Goodlettsville Church
Volunteer Background Check Consent Form**

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA AND THE DPPA
(Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)**

Date: _____ **Drivers License #:** _____ **State of Issue:** _____

Last Name: _____

First Name: _____ **Middle Initial:** _____

Maiden and/or Other Laser Names Used: _____

Current Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Social Security Number:** _____ **Circle One
Male | Female**

This authorization and consent for release of personal information acknowledges that

Goodlettsville Church and /or its agent, Protect My Ministry, may now, or at any time I am assigned to volunteer with Goodlettsville Church, conduct investigations, whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of records from the U.S. Veterans' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records (the motor vehicle records search will only be performed if you are authorized to operate any of the church's vehicles). I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Protect My Ministry, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records. A social security number trace will be performed as part of the background check. This trace is also known as a credit report header. No personal financial information will be obtained by Goodlettsville Church or its agent. This trace is performed solely to ensure the accuracy of the social security number and residence information provided.

I understand that these searches will be used to determine volunteer eligibility under Goodlettsville Church's volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of Goodlettsville Church. In addition, I release and discharge Goodlettsville Church and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information.

Upon written request, a copy of the background report will be made available to you. After reading this document, I fully understand its contents and authorize the background verification.

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The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a **YES** answer. Please circle your response to each question. If more room is required to clarify an affirmative response, please provide your answer on the back of this form:

1. Have you ever been convicted or plead guilty before a court of federal, state, or municipal criminal offense? (Excluding minor traffic violations) **YES / NO** if YES, please provide an explanation below;
2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? **YES / NO** if YES, please provide an explanation below;
3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? **YES / NO** if YES, please provide an explanation below;
4. Have you ever been accused of molesting or abusing a minor? **YES / NO** if YES, please provide an explanation below;
5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? **YES / NO** if YES, please provide an explanation below;
6. As of the date of this authorization, do you have any pending criminal charges against you? **YES / NO** if YES, please provide an explanation below;

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. PLEASE BE AS SPECIFIC AS POSSIBLE ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETIONS OF GOODLETTVILLE CHURCH.

Signed this _____ day of _____, 20____

Applicant (Print Name): _____

Applicant Signature: _____