

FIRST BAPTIST SNELLVILLE
(2010 Volunteer)
Updated Feb. 8, 2010

DISCLOSURE

As part of our volunteer background and investigation, we may obtain consumer reports to prepare an investigative consumer report. It may include, but not be limited to, criminal history reports, national sex offender registry and/or driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

FBCS also reserves the right to run random periodic background checks on all volunteers during the course of your volunteer tenure. The reports may include, but not be limited to, criminal history reports, national sex offender registry, and driving history records.

PLEASE ATTACH PHOTOCOPY OF DRIVER'S LICENSE

FIRST BAPTIST SNELLVILLE
2010 Volunteer for AWANA Ministry
_____ **Account Number to be charged**

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I, _____, hereby authorize **FIRST BAPTIST SNELLVILLE** and/or its agents to make an independent investigation of my background, motor vehicle report records (driving history), references, character, past employment, education, criminal or police records, national sex offender registry, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Volunteer Application and/or obtaining other information which may be material to my qualifications for volunteering with **FIRST BAPTIST SNELLVILLE**

I release **FIRST BAPTIST SNELLVILLE** and or/its agent, *Protect My Ministry*, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)

Maiden Name or Other Names Used

Present Address

How long?

City/State

Zip

Phone Number

*Date of Birth

Social Security Number

Driver's License Number

State

(Please attach photocopy of license)

Signature

Date



Georgia Criminal History Consent Form

I hereby authorize Protect My Ministry, to receive any CRIMINAL HISTORY record information pertaining to me, which may be in the files of the state or any local criminal justice agency within the state of Georgia.

Print complete name: Last, First, Middle

Any maiden names, or names used in the past

Street address

City, State, & Zip code

Date of Birth

Social Security Number

Sex and Race

Date of request

I _____ give consent to the above named to perform periodic criminal history background checks for the duration of my volunteer/employment with this company/organization.

Signature _____