

Dear Volunteer:

Thank you for your interest and willingness to serving as a children or youth ministries volunteer at Port Community Church in Port Republic, NJ!



We highly value the safety and security of every person in our church, especially the children and families in our ministry. Therefore, every individual who interacts directly with children and youth in our church will be required to undergo a background check. Thank you for understanding. Your information will be kept **confidential**. This background costs \$13.00. You can pay it electronically through the Tithe.ly link on our church website (www.portcommunitychurch.com) If you are able to help with this fee, we would be grateful.

If you have completed a background check for work and have verification, please provide a copy for our records.

Sincerely,
Kelly A. Brown
Operations Manager

DIRECTIONS & GUIDELINES FOR COMPLETING THE FORM

1. Please enter your *full legal* name. IE: Susan instead of Sue.
2. List any other names as Alias or Maiden names.
3. If applicant has a common name, please include middle initial or full middle name for identification purposes.
4. Social Security Numbers are used **only** for *address history and alias name information*. It will **not** give Port Community Church any personal credit report information.
5. Volunteer **MUST** sign and date *both pages* of this document.
6. This signed document will be stored in a secure location. It is our legal proof we have been given permission to conduct a background screening on the individual.
7. Completed forms should be placed in Kelly Brown's mailbox.

*F YOUR PLACE OF EMPLOYMENT HAS AN UP-TO-DATE BACKGROUND CHECK, YOU MAY PROVIDE A COPY.

PERMISSION TO CONDUCT BACKGROUND CHECK for VOLUNTEERS that WORK
 WITH CHILDREN or YOUTH! AUTHORIZATION

I hereby authorize, without reservation, the obtaining of "consumer reports" or "investigative consumer" reports by PORT COMMUNITY CHURCH at any time after receipt of this authorization and throughout my employment or volunteer service, if applicable. I further authorize and request, without reservation, any present or former employer, school, police department, state or federal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish a secure background check for Port Community Church with any and all background information in their possession regarding me, so that my employment qualifications may be evaluated and/or reassessed. I also agree that a fax or photocopy of this authorization with my signature should have the same authority as the original.

By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The following is information required in order for St. Paul's United Methodist Church to obtain a complete consumer report:

FULL LEGAL NAME (First, Full Middle Name, Last Name)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH*
STREET ADDRESS	
CITY, STATE, ZIP CODE	
DRIVER'S LICENSE NUMBER	ISSUING STATE
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)	
_____	_____
CONSUMER'S SIGNATURE	DATE

* This information will be used for background screening purposes only.

Please list all Counties and States you have lived in since the age of 18.

County	State	Name Used in County	Date From	Date To

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

Name: _____

Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) Yes No

If Yes, please explain:

Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?

Yes No If Yes, please explain:

Have you ever received probation or community supervision for any federal, state or municipal criminal offense?

Yes No If Yes, please explain:

Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

Yes No If Yes, please explain:

As of the date of this authorization, do you have any pending criminal charges against you?

Yes No If Yes, please explain:

Have you ever served in the US Military? Yes No

If you answered YES to the above question, did you receive a DD214?

Yes No If Yes, can you present the document? Yes No

If you answered YES to the above question 6, did you receive an honorable discharge?

Yes No If No, please explain:

SIGNATURE

DATE