

VOLUNTEER DISCLOSURE
Authorization and Release Form

I understand that in connection with my application for Volunteer Services, and/or Continuous Employment, and/or Volunteer Services First Presbyterian Church, its consultant in, IntelliCorp, their agents or employees may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History. If my position involves handling money and/or having access to monies and/or other transferable monetary instruments, my Credit History may also be checked.

I understand that First Presbyterian Church may rely on any part of all of this Information in determining whether to extend an offer of Volunteers' duties to me. I further understand that if any adverse action is taken by First Presbyterian Church, or if First Presbyterian Church chooses not to extend an offer of Volunteer duties to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to volunteer assignments, and is not conducted for any purpose other than in connection with my Application for Volunteer status and/or my eligibility for Continued Employment / Volunteer Duties.

I have read this Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment / volunteer duties. I hereby release any and all Investigators, including IntelliCorp, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my Application with Employer / Organization to the Synod of the Sun and its affiliated churches, agencies and institutions. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature _____
Date

Printed Name _____
Social Security Number

Date of Birth _____
Former Last Name(s) *if applicable*

Current Address:

Street City State Zip

Former Address:

Street City State Zip

Please complete all fields and return form to Paula Duggan in the church Administration Office.