Authorization for Volunteer
Criminal Background Investigation

Full Legal Name:

_____

Please print First Last MI

List any other names you have ever been known as: _____

Gender _____Male _____ Female Email address:_____

SS# _____Date of Birth: _____

Current Address: _____

Please list where you have lived in the past 7 years.

City/County/State	Dates Resided

I, _____, am an applicant to be a volunteer with Trinity United Methodist Church (TUMC) and have been advised that as a part of the application process, they will conduct a criminal history background check. I do hereby consent to TUMC to use any information provided during the application process in performing the criminal history check. TUMC has informed me that I have the right to review and challenge any negative information that would adversely impact my request to become a volunteer. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of TUMC.

By signing this Authorization, I authorize TUMC, and/or any other person or company authorized by TUMC, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify TUMC, and/or any other company authorized by TUMC, against any liability which may result from making such requests. I agree that a fax or photocopy of the Authorization Form with my signature will be accepted with the same authority as the original.

Signature: _____ Date: _____