

Volunteer Disclosure Authorization and Release

I understand that Faith Evangelical Lutheran Church, Intellicorp or other third parties may be conducting a background check in connection with my volunteer work with children and youth of our church. This background check may include an inquiry into my general character or reputation, driving history, criminal history and such other information that may be required.

I understand that Faith Evangelical Lutheran Church may rely on all or any part of this information in determining whether I may be considered for volunteer work with the children or youth of our church.

I understand that a background check may be performed by Faith Evangelical Lutheran Church or its representatives as a part of the volunteer screening process and is not conducted for any other purpose than volunteer work. I understand that the information supplied by me shall be used solely for the purposes of obtaining information, validating or verifying information received, as a part of the background check.

I, the undersigned, have read this Volunteer Disclosure and by signing below, hereby authorize Faith Evangelical Lutheran Church, its representatives, agents and third parties, including Intellicorp, to conduct a background check, as described herein, so that I may be considered for volunteer work with the children and youth of our church and hereby release said parties from any and all liabilities related to the use, procurement or disclosure of any information provided by me or obtained about me in connection with this screening process and a background check that may be performed. I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested information to disclose such information or records to Faith Evangelical Lutheran Church, Intellicorp or their representatives and agents, in connection with this authorization and release. I voluntarily provide my date of birth in order to obtain and verify records obtained, in the background check.

Signature _____ Date _____

Printed Name _____

*****THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS*****

Current Address: _____

Maiden Names/Prior Names: _____

Social Security Number: _____ D.O.B: _____

Driver's License #: _____ DL State: _____ Exp. Date: _____