



Rollingwood Dive, Shorewood, IL 60404 • office@3riversbaptist.org
(815)725-7361

CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

There is a potential that the resultant data will indicate an individual's prior felony and/or misdemeanor convictions. Prior convictions will be reviewed on a case-by-case basis, but some convictions are cause for immediate disqualification from ministry positions.

In connection with my service with _____ (the "Company"), I hereby authorize Three Rivers Baptist Association to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records and a check of the National Sex Offender Public Registry. I understand that my ability to serve at _____ is contingent upon the results of the background check. I understand that failure on my part to consent to the criminal background check will result in the revocation of any position offered to me or accepted by me. Notice is hereby given that the report may contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigate consumer report prepared by contacting the Company and Protect My Ministry, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com. The scope of this notice and below authorization is not limited to the present if you are a repeat volunteer or serving with the Company for a length of time, or, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____

DATE: _____

Print Name: _____

Last Four Digits of SSN: _____