

Genesis Conference Volunteer/Employee Background Check – Disclosure and Authorization

I hereby authorize the Genesis Conference of the Free Methodist Church USA, to procure an investigative background report about me on behalf of _____ (church name).
I understand that this is required as: (1) a condition of being a candidate pursuing ordination in Genesis Conference and FMCUSA; and/or (2) for working with children in Genesis.

The report may include, but is not limited to, a social security number verification (for present and former address matching); criminal and civil history/record; sex offender registries; other public records; and any other information bearing on my character or trustworthiness that may be material to my qualifications for volunteer service within the Conference.

I further authorize any person, business entity or governmental agency who may have relevant information about me to disclose it to the Genesis Conference & their affiliates, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies; regardless of whether the person, business entity or governmental agency compiled the information itself or received it from other sources. The Genesis Conference & their affiliates will treat my personal information as confidential and will not release it to any other agencies besides the appropriate ministry leader in the church where I am seeking to serve.

I release the Genesis Conference & their affiliates, and all officers and agents of these entities, from any and all liability/claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring and/or assisting with the compilation or preparation of the investigative consumer report hereby authorized.

The following information is needed to confirm your identity; please fill in as much as possible:

Printed Name: _____

First

Middle

Last

Maiden name or other names used

Date of Birth: _____ **Social Security Number:** _____

Telephone Number: _____

Present Address (where you reside):

Street Number/PO Box, Street Name

City

State

Zip Code

Country

If you do not have a SSN, please provide the following information:

Other ID Number: _____ **ID Type:** _____

The above information is true and correct to the best of my knowledge:

SIGNATURE: _____ **DATE:** _____