

**AUTHORIZATION FOR FUMC (CHURCH) TO ACCESS
CRIMINAL BACKGROUND CHECKS ON VOLUNTEERS**

DISCLOSURE

By signing below, you acknowledge and understand that in connection with your volunteer activities for First United Methodist Church, all criminal records may be requested. Furthermore, you understand that information from various Federal, State, local and other agencies which contain information about your past activities may be requested. You are hereby notified that you have the right to request a copy, upon proper identification and the payment of any legally permissible fees, of the above investigative background report contained in the First United Methodist Church files on you at the time of your request.

AUTHORIZATION

By signing below, you hereby authorize without reservation, any party or agency contacted by this organization to furnish the above mentioned and requested information. You further authorize ongoing procurement of the above-mentioned information, reports and records at any time, as long as you remain a volunteer of the church. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without any reservation, school, police department, or other person or agencies having knowledge about you to furnish First United Methodist Church with any and all background information in their possession regarding you.

By signing below, you certify you have read and fully understand this disclosure and authorization and that all of the information you are providing is true, complete, correct and accurate.

The following is information required in order for First United Methodist Church to obtain a criminal background report.

PRINT FULL LEGAL NAME (First, Full Middle Name, Last Name)

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY STATE ZIP

DATE OF BIRTH

OTHER OR FORMER NAMES (aka, maiden names, married names, surnames, etc.)

SIGNATURE DATE