



**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF
AN INVESTIGATIVE REPORT**

First Baptist Church of District Heights

This application is to be completed by all applicants for positions involving the supervision or custody of children. It will assist the church in providing a safe and secure environment for all preschoolers, children and youth. The term "child" or "children" includes all persons under the age of eighteen (18) years.

I, _____, hereby authorize First Baptist Church of District Heights to have the following background check screening reports processed through an agency contacted by the church and/or its agent or representative for employment or volunteer purposes: application verification, national criminal report, sexual abuse registry, county court report and other public record reports pertaining to me. I am aware that this background check is only a screening tool and I may be asked to provide additional information or my fingerprints to resolve issues discovered during the screening.

I am aware that the background check screening report I have consented to may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to First Baptist Church of District Heights within 60 days after I execute this authorization. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

I release First Baptist Church of District Heights, their respective staff, and/or agents and staff and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information on reports.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

FULL NAME (first, middle and last): _____

OTHER NAMES USED/MAIDEN NAMES: _____

All address for the past seven (7) Years:

ADDRESS: _____ CITY: _____ STATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

MOBILE PHONE: _____ DAYTIME PHONE: _____

DRIVERS LICENSE # AND STATE: _____

SOCIAL SECURITY NUMBER: _____ AGE: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____