

## BACKGROUND INVESTIGATIVE AUTHORIZATION

I understand that Trinity United Methodist Church, through its independent contractor, American DataSearch, reserves the right to conduct background investigations concerning applicants, employees and volunteers. I further understand such background investigations may be updated periodically if I am employed by or volunteer for Trinity United Methodist Church. I understand background investigations on me may include gathering information through driver's license searches, national criminal history checks, and/or national sexual predator and terrorist watch list checks, or through my personal references. These investigations may include information relating to my criminal history, general reputation and personal characteristics, as permitted by law.

I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of an investigative report obtained pursuant to the Act. I understand that I may request the name and address of the reporting agency furnishing such a report obtained under the Act; however, I also understand that Trinity United Methodist Church is not responsible by law nor is it obligated in any way to provide me a copy of any report or to disclose to me the content of any report it receives from any reporting agency obtained under the Act. If I desire a copy of any such report, it is my responsibility to obtain a copy at my expense from the reporting agency.

I do hereby expressly release Trinity United Methodist Church and its employees and any person, association, firm or corporation furnishing Trinity United Methodist Church with any information concerning me or my affairs from any claims, cause of action or damages that may have or purport to have arisen by reason of having disclosed or furnished any information concerning me or my affairs, the provision of any law to the contrary being hereby expressly waived.

Acknowledged and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Employee/Applicant/Volunteer Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Date of Birth                  Sex                  Race

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Driver License # & State

\_\_\_\_\_  
City/State/Zip