

NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

Summer Staff

I _____, hereby authorize Cedine Ministries to have the following background check screening reports processed through the agency contacted by Cedine Ministries and/or its agent or representative for employment or volunteer purposes: Application Verification, National Criminal Report, Sexual Abuse Registry and County Court Report.

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 consent to have prepared 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 Cedine Ministries within a reasonable time after I execute this authorization.

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

PLEASE PRINT

First Name: _____ Middle _____ Last _____

Social Security No. _____

All other names that have been used (ex: Maiden Name) _____

Address: _____ Date of Birth: _____

City/State/Zip: _____

County: _____

Gender: Female Male

DATE

APPLICANT'S SIGNATURE

By submitting this application: You understand that if the background check identifies a pending adjudication or conviction for any proscribed offense(s), application approval by Cedine Ministries will be withheld or revoked. You acknowledge that Cedine Ministries may withhold, suspend, or revoke a credential if you have ever, as an adult or a juvenile, been convicted, adjudicated or placed on term or probation or parole for any felony-level crime or offense. You hereby consent to the release by Cedine Ministries of the fact of your approval or non-approval by Cedine Ministries. You hereby release the contracted agency, as custodian of such records, and such agency employees or personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to you, your heirs or assigns, family or associates because of compliance with or release of information pursuant to this authorization, except in the case of gross negligence. You acknowledge that you have read the foregoing release, understand it and agree to the terms and conditions therein.