



Mission Fellowship Background Check Consent

NOTICE - BACKGROUND INVESTIGATION

In connection with your volunteer status with Mission Fellowship, notice is hereby given that a criminal background check will be obtained from Protect My Ministry, with whom we have contracted with to provide comprehensive criminal background screening for our volunteers and staff. You have the right, upon written request made within reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative report prepared by contacting Mission Fellowship and Protect My Ministry (14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581). For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

The scope of this notice and below authorization is not limited to the present and will continue throughout the course of your time as an active volunteer or member, and allows Mission Fellowship to conduct future screenings for continued volunteer assignments and activities, as permitted by law and unless revoked by you in writing.

Legal Name: _____
Last First Middle Maiden

Social Security #: _____ Email: _____

Driver's License #/State Issued: _____ Date of Birth: _____

Physical Address: _____

Cell Phone #: _____ Other Phone #: _____

Please list any other states in which you have lived: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I recognize that Mission Fellowship is relying on the accuracy of the information I provide on the application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I voluntarily release Mission Fellowship and any such person or entity listed on this application form from liability involving the communication of information relating to my background or qualifications. I further authorize Mission Fellowship to conduct a criminal background investigation.

By signing below I hereby authorize the obtaining of a criminal background check by Mission Fellowship at any time after receipt of this authorization and throughout the course of my volunteering, if applicable.

Signature: _____ Date: _____
(Parent/Guardian if volunteer is a minor)

Printed name: _____ Relationship to Volunteer: _____