



FIRST UNITED METHODIST CHURCH
MARYSVILLE

Volunteer Application

MINISTRY AREA: _____

Name: _____

Address: _____

Cell phone: _____ Home phone: _____

Emergency contact: _____ Phone: _____

Occupation: _____ Employer: _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limit to drug-related charges, child abuse, other crimes of violence or theft)? No Yes

If yes, please explain fully: _____

References: Please list two personal references (people who are not related to you by blood or marriage) and provide complete addresses and phone information for each. References will remain confidential.

1. Name: _____

Address: _____

Phone Number: _____

2. Name: _____

Address: _____

Phone Number: _____

I am aware, that as a volunteer working with children or youth (anyone under 18 years of age) at Marysville First United Methodist Church, I may at any time be required to provide a set of fingerprints and undergo a criminal records check, and I consent to this in advance.

Signature of Applicant

Date

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Praesidium, Inc., P.O. Box 202002, Arlington, TX, 76006, 800-743-6354, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

New York applicants and employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota applicants and employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants and employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: _____

Date: _____

Print Name: _____

Maiden Name (if applicable): _____

Address: _____

Social Security Number: _____ *

Date of Birth: _____ *

*This information will be used for background screening purposes only.

Driver's License Number: _____

DL State: _____