Genesis Conference
Volunteer/Employee Background Check
Disclosure and Authorization

I hereby authorize my church, _____ on behalf of the Genesis Conference of the Free Methodist Church of North America, to procure an investigative background report about me. I understand that this is required as a condition of my volunteer service with _____.

The report may include, but is not limited to, a social security number verification (for present and former address matching); criminal and civil history/record; other public records; and any other information bearing on my character or trustworthiness that may be material to my qualifications for volunteer service within the Conference.

I further authorize any person, business entity or governmental agency who may have relevant information about me to disclose it to the Genesis Conference & their affiliates, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies, regardless of whether the person, business entity or governmental agency compiled the information itself or received it from other sources. The Genesis Conference & their affiliates will treat my personal information as confidential and will not release it to any other agencies.

I release the Genesis Conference & their affiliates, and all officers and agents of these entities, from any and all liability/claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf, for procuring and/or assisting with the compilation or preparation of the investigative consumer report hereby authorized. The following information is needed to confirm your identity; please fill in as much as possible:

Printed Name: _____
First Middle Last

_____
Maiden name or other names used

Date of Birth: _____ **Social Security Number**: _____
Telephone Number: _____
Present Resident Address:

_____
Street Number/PO Box, Street Name

_____
City State Zip Code Country

Former Address (If present residence is less than 7 years):

_____
Street Number/PO Box, Street Name

_____
City State Zip Code Country

Driver's License Number: _____ **State Issued**: _____
Passport Number: _____ **Country of Issue**: _____
Other ID Number: _____ **ID Type**: _____

The above information is true and correct to the best of my knowledge:

SIGNATURE: _____ **DATE**:_____