

**Shadow Mountain Church**  
**Volunteer/Staff Application**  
**Authorization for Background Check**

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**Authorization:** By signing below, you authorize: (a) backgroundchecks.com ("BGC") to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide us Shadow Mountain Church one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

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\_\_\_\_\_(INT) I authorize Shadow Mountain Church to have the following background check screening reports processed through the agency contacted by the church for employment or volunteer purposes:  
- Application Verification - National Criminal Report - Sexual Abuse Registry

\_\_\_\_\_(INT) I am aware that this background check is only a screening and I may be asked to provide additional information or my fingerprints to resolve critical issues discovered during screening.

\_\_\_\_\_(INT) 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.

\_\_\_\_\_(INT) 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 the Pastor/Elders of Shadow Mountain Church within a reasonable time after I execute this authorization.

I acknowledge the above statements and fully agree with the terms presented, for Shadow Mountain Church to submit my information to backgroundchecks.com for verification in reference to the position I am volunteering for or staff position applying for.

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Print Name

Sign Name

Date

<b>Please Print:</b>		
<b>Volunteer Position: Children's Ministry / Youth &amp; Student Ministry/ VBS Worker / Staff Position</b>		
First Name:	Middle Name:	Last Name:
Other Name(s) Used/Alias:		Gender: (M/F)
Social Security Number:		Date of Birth: (Mo/Day/Year)
Driver's License Number/State:		
<b>Current Address:</b>		
From: (Mo/Yr) _____ to Current		
Street Address:		
City:	State:	Zip:
<b>Former Address:(no further than 10yrs required)</b>		
From: (Mo/Yr) _____ to (Mo/Yr) _____		
Street Address:		
City:	State:	Zip:
From: (Mo/Yr) _____ to (Mo/Yr) _____		
Street Address:		
City:	State:	Zip:
Current Work Place State:		
Email Address:		
Printed Name:		Date:

**This signature verifies all above information to be correct, current and verified to the best of my knowledge.**

**Signature**

**Date**

<b>Church Staff Only:</b>		
Printed Name:	Signature:	Date Received:
Date Search Began:	Date Results Received:	Authorization: