



NOTICE OF INTENT to Obtain a Consumer Report

Christ Covenant Church’s volunteer screening and background efforts may include a criminal conviction history, driver history, educational verification, and work history. A volunteer has the right to request a complete and accurate disclosure of the nature and scope of the Investigative Report requested. Your request must be made in writing within a reasonable amount of time from the receipt of this notice. You are entitled to a copy of the “Summary of Consumer Rights” as prescribed by the FCRA: <https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf>. In using an investigative report for volunteer purposes, and before taking any adverse action based on whole or in part on the report, the person intending to take such adverse action shall provide to the volunteer to whom the report relates, a copy of the report, along with the prescribed “Summary of Consumer Rights.” You may also have additional rights according to the state and local laws in your area.

AUTHORIZATION

I certify that the information I have thus far provided to Christ Covenant Church is accurate and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of any material or information I have supplied may be used to disqualify me from service. I understand that Christ Covenant Church will verify information given on employment applications or background information forms, and I authorize them to do so. I also authorize Christ Covenant Church to make whatever inquiries it considers appropriate to obtain this verification. I authorize any individuals and/or agencies contacted by Christ Covenant Church or its agents to furnish all necessary information that may be requested including investigative reports. I release Christ Covenant Church, its agents, and any person or institution that provides Christ Covenant Church with information pertaining to this application, from any and all liability for adverse action or damage that may result from the investigation, disclosure, or use of such information. This authorization shall remain in effect during the course of service and may be used in connection with future decisions concerning volunteer reassignment or retention.

I acknowledge that I have read and understand the above notice. I hereby authorize the obtaining and disclosure of such information.

Applicant Signature _____ Date _____

Applicant Name _____
(Please Print Full Name with No Initials)

Address _____
(Street Address)

(City, State & Zip Code)

Everything below this line will be detached and destroyed once your report is completed.

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Date of Birth: _____ Driver’s License # _____

Social Security # _____ DL State of Issue: _____