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AUTHORIZATION TO RELEASE INFORMATION + RECORDS

_____ hereby authorize the LIFE CENTER / Mission Hills Church (MHC)

and/or their agent to conduct an appropriate background investigation for determination of my eligibility for employment/volunteering. This may include, but is not limited to: my former and current employers, educational institutions, the Colorado Bureau of Investigation and/or other law enforcement agencies, and all other pertinent parties to fully investigate my background. I authorize all persons who may have information relevant to this investigation to disclose it to the LIFE CENTER (MHC) and/or their agent. I release and agree to hold harmless all persons providing such information and the LIFE CENTER (MHC), its officers, directors, employees, and agents from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I hereby authorize the LIFE CENTER (MHC) and/or their agent to conduct a credit report for positions of employment/volunteering that require the handling of money. For this purpose, the credit agencies record this as an informational inquiry only and it does not affect your credit.

I understand that my employment/volunteering is contingent on receipt of satisfactory background results. I further understand that I have a right, under Section 606(B) of the Fair Credit Reporting Act, to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested.

First Name	Last Name		Middle Name	
Maiden/Other Names Used			Date Last Used	
Maiden/Other Names Used			Date Last Used	
Social Security Number	Date of Birth	Gender	□F	ШМ
Driver's License Number	State			
Have you been convicted of (or is at (Include court martial, but do not in include dates and arresting agency.	ΠY	□N		

ALL ADDRESSES FOR THE LAST FIVE YEARS

A conviction will not necessarily bar an applicant from employment/volunteering.

STREET	CITY	STATE	ZIP	YEARS	
STREET	CITY	STATE	ZIP _	YEARS	
STREET	CITY	STATE	ZIP .	YEARS	
STREET	CITY	STATE	ZIP .	YEARS	
STREET	CITY	STATE	ZIP -	YEARS	

Attach additional pages if necessary

Volunteer Signature

Date _____

