

Permission to Obtain a Background Check

(This form authorizes the church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)

In the interest of safety and security I, the undersigned applicant (also known as “consumer”), authorize First United Methodist Church of Birmingham, Michigan through First Advantage Risk Solutions, to procure background information (also known as a “consumer report and/or investigative consumer report”) about me, prior to, and at any time during my service to the organization. This report will include social security number verification; present and former addresses; criminal and civil history/records; and the sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject, upon my request to First United Methodist Church of Birmingham, Michigan, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activity described above (the “Activity”), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

Signature _____ Date _____

Activity/Position Requiring Background Check _____

Print Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street /P. O. Box

City _____ State _____ Zip Code _____ County _____

Daytime Telephone Number _____

Date of Birth _____ Gender _____

Social Security Number (Required) _____