

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

I, _____, of _____, _____ having filed
(Applicant's name) (City) (State)
an application as a volunteer/paid worker at an event of Arkansas District of the Assemblies of God / Arkansas Assemblies of God, consent to have an investigation made as to the conduct of my personal affairs, motor vehicle records, my moral character, professional reputation, fitness for the ministry, and such further information relating to my criminal history, social security number verification, or other background checks, may be received by or reported to the Arkansas District of the Assemblies of God / Arkansas Assemblies of God, from any acceptable national background research organization. I agree to give any further information that may be required in reference to my past history.

Such reports may be obtained at any time after receipt of this Disclosure Regarding Background Investigation and Acknowledgement and Authorization and if I am selected to serve as a volunteer/paid worker, throughout the course of my volunteer service as permitted by law, and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report of any outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I hereby release, discharge, and exonerate the Arkansas District of the Assemblies of God / Arkansas Assemblies of God, its agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigations made by or on behalf of this district. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout the time in which I am volunteer/paid, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by any acceptable national background research organization acting on behalf of Arkansas District of the Assemblies of God /Arkansas Assemblies of God, and/or Arkansas District Assemblies of God / Arkansas Assemblies of God itself. The Arkansas District of the Assemblies of God / Arkansas Assemblies of God shall not be required to verify any information received during the course of its investigations and shall not be liable for acting on the basis of any information which later appears to have been false or incomplete.

Oklahoma residents and volunteers/paid workers only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

I have read and signed the foregoing Authorization and Release as my own free act and deed.

Signature: _____

Date: _____

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

(REQUIRED if applicant is under 18 years of age)

PLEASE PRINT CLEARLY!

Last Name: _____ () Male () Female
First Name: _____ Middle Name/Initial: _____
Maiden Name (if applicable): _____ Other Name(s) used: _____
Date(s) of use for previous names: _____
Home Address: _____
City: _____ County: _____ State: _____ Zip: _____
SSN: _____ - _____ - _____
Full Date of Birth: _____ (Month) _____ (Day) _____ (Year)
Email address: _____

Notary Required

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20_____.

My commission expires: _____

Notary Public Signature & Stamp Required

REQUIRED ANNUALLY FOR ALL APPLICANTS

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|--|
| For Office Use Only: Date Received: _____ Department: _____ Follow-Up: _____ Completed/coded to ACS: _____ |
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