

McEachern Memorial United Methodist Church

4075 Macland Road
Powder Springs, GA 30127
(770) 943-3008

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE AND DISCLOSURE

We welcome your service to McEachern Memorial United Methodist Church (referred to as "MMUMC"). We are proud of our ministries and recognize it is the result of the quality of the employees/volunteers in our church. In pursuit of that excellence we require that all employees and volunteers with children, youth, and adults with developmental disabilities consent to and authorize our requesting of a criminal background check.

This release and authorization acknowledges that McEachern Memorial United Methodist Church and Creative Human Resource Management of Marietta, Georgia (referred to as "CHRM") a consumer reporting agency, may conduct a verification of your education, motor vehicle records and criminal history for volunteers. Additionally, previous employment/work history, credit record, contact personal references, require that you provide a urine/breath/blood specimen to be tested for the presence of drugs or alcohol, worker's compensation records and to receive any criminal history record pertaining to you which may be in the files of any federal, state, county or local criminal justice agency in any State and/or other information deemed necessary to fulfill the job requirements may be retrieved for employment.

I authorize CHRM and any of its designated representatives to disclose orally, electronically, and in writing the results of this verification process and/or interview to the designated authorized representatives of McEachern Memorial United Methodist Church.

I RELEASE and agree to hold harmless MMUMC, its Senior Pastor/Pastor, its officers, employees, volunteers, staff, and its SPRC from any and all liability arising in any way from such use, review, disclosure or discussion. According to the Federal Fair credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by MMUMC and to receive, orally, written or electronically, a copy of the consumer report.

Please clearly print all information.

Full Name : _____ Ministry Area: _____
(as it appears on your Driver's License)

Social Security #: _____ Sex: _____ Race: _____ Date of Birth: _____

Current Address: _____ Yrs. _____ Mos. _____

City: _____ County: _____ State: _____ Zip: _____

Current Driver's License Number: _____ State of Issue: _____

Please list any residences in states other than GA during the past 7 years:

City: _____ County: _____ State: _____ Zip: _____ Yrs/Mos. _____

City: _____ County: _____ State: _____ Zip: _____ Yrs/Mos. _____

City: _____ County: _____ State: _____ Zip: _____ Yrs/Mos. _____

This information is provided voluntarily and is true and complete to the best of my knowledge. It will be used for identification purposes in verifying information for background verification.

Signature: _____ Date: _____ Phone: _____