

DISCLOSURE AND AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my employment or to serve as a volunteer with Canyons Church (the “Client”), I understand that a consumer report and/or investigative consumer report, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may contain information as to my character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as my neighbors, friends or associates. The reports may also contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, or other background checks. Such reports may be obtained at any time after the receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or 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 amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to

Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I voluntarily and knowingly authorize Client of its authorized agents to obtain or prepare consumer reports or investigative consumer report about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Signature: _____ Date: _____

LAST NAME _____ FIRST NAME _____ MIDDLE _____

Please List Other Names Used _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _ ZIP _____

SSN

D/L or STATE ID

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____