

## Columbia Heights Assembly Background Form

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Soc. Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M / F    Email: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Have you at any time ever:**

Been arrested for any reason? Yes OR No

**If yes, explain:**

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Been convicted of, or pleaded guilty or no contest to, any crime? Yes OR No

**If yes, explain:**

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Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes OR No

**If yes, explain:**

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(Please see backside)

### **NOTICE – BACKGROUND INVESTIGATION**

In connection with volunteering with Columbia Heights Assembly, notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for volunteering purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and 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](http://www.protectmyministry.com). The scope of this notice and below authorization is not limited to the present and, if you are accepted as a volunteer, will continue throughout the course of your volunteering and allow Columbia Heights Assembly to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

### **ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Columbia Heights Assembly at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_