

NOTICE TO VOLUNTEERS

Your prospective organization has contracted with LexisNexis (a provider of identification and credential verification services) to verify certain information contained in your application for volunteer work provided by you during the interview process. The information requested is necessary to complete this task. This is information is NOT a part of the application for volunteer work and will be used for the sole purpose of verification of information, and or statements made by you. Please complete all information requested - must have SSN and DOB to complete report.

\mathbf{O}	Ministry Area:					
onsent Document	Applicant's Legal Name:		Last Name	First N	Name	Middle Initial
	Please provide any other name used for prior employment or school that differentiates from the above.					
	Applicant's Other Name:		Last Name	First N	Name	Middle Initial
	Current Home Address:		Street		City, State	Zip Code
	Drivers License Number:			Drive	ers License State:	
	Social Security Number:			Date	of Birth:	
Gender: Male Female COMPLETE THE FOLLOWING QUESTIONS ONLY IF YOU WILL BE WORKING WITH MINORS OR THE MENTALLY CHALLENGED: These response to the following questions will be kept confidential. Have you ever been arrested for, charged with, under probabtion for, or convicted of either sexual or physical abuse? No Yes if yes, please explain. (Attach a separate page, if necessary.)						
		~ /				
you ma answe	ay discuss your answei	r in confidence iswering yes	ouse or molestation while a min the with the Church Administrato or leaving the question unanswe cation work.)	r, Minister or Edi	ucation or Minister of M	usic, rather than
	No	⊖Yes				

It is possible that your acceptance for work may be determined in whole or in part by your prospective organization using data from a report supplied by LexisNexis, P.O. Box 105108 Atlanta, Ga 30348-5108. Pursant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

Applicant Consent: I understand and agree that LexisNexis will verify all or part of the information I have given my organization. I understand that this verification may include an inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employment (including contacting prior employers), education (degree, GPA, and attendance) as well as other public record information. I understand that this information may be verified periodically. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless all liability any individual or entity requesting or supplying information with respect to my application for volunteer work.

Volunteer Signature:

Date:

Rev 2/2012 FBCD