

Hope Valley Church (HVC) utilizes the services of a company called "Protect My Ministry" to run background checks on volunteers and staff members. The information will be treated as highly confidential and discernment and judicious grace will be used in regards to how any findings affect volunteer status or employment.

**DISCLOSURE and AUTHORIZATION – BACKGROUND SEARCH**

In connection my application to serve as a volunteer with **Hope Valley Church** (or for employment), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by HVC for volunteer purposes or for employment, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. The report may contain information about me relating to my criminal history, credit 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 receipt of this Disclosure and Authorization and if serve as a volunteer (or am hired) throughout the course of my 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 time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581.

For information about Protect My Ministry's privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com).

**Acknowledgement and Authorization**

By signing below, I hereby authorize the obtaining of consumer reports and/or investigated consumer reports by Hope Valley Church at any time after receipt of this authorization and throughout the course of my service at HVC.

\_\_\_\_\_  
SSN (required) \*                      D/L or STATE ID \*                      STATE ISSUED

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
EMAIL ADDRESS

For identification purposes, please provide FULL DOB: \_\_\_\_\_

Signature \_\_\_\_\_ DATE \_\_\_\_\_

*\*SSN or STATE ID will not be stored on HVC computers. They will only be used by Protect My Ministry.*