



# Middletown United Methodist Church

924 Middletown-Lincroft Rd., Middletown, NJ 07748

732-671-0707

Web Site: [www.middletownumcnj.org](http://www.middletownumcnj.org)

## NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT

I \_\_\_\_\_, hereby authorize **The Middletown United Methodist Church** to have the following background check screening reports processed through the agency contacted by the church and/or its agent or representative for employment or volunteer purposes: Application Verification, National Criminal Report, Sexual Abuse Registry and County Court Report.

I am aware that this background check is only a screening tool and I may be asked to provide additional information or my fingerprints to resolve issues discovered during the screening.

I am aware that the background check screening report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to **The Middletown United Methodist Church** within a reasonable time after I execute this authorization.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

### PLEASE PRINT

Full Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

All other names that have been used (ex: Maiden Name) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

County: \_\_\_\_\_

Gender: Female

Male

There is a \$15.00 processing fee, which the church will be paying on your behalf. If you wish to make a donation to offset the cost please enclose your donation when you return this form to the church office.

E-Mail: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued By: \_\_\_\_\_

*(Driver's information is needed if you will be transporting children, youth, or venerable adults. When returning this completed form include a photocopy of your driver's license and auto insurance card. Thank you.)*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

By submitting this application: You understand that if the background check identifies a pending adjudication or conviction for any proscribed offense(s), Church approval by Middletown United Methodist Church will be withheld or revoked. You acknowledge that Middletown United Methodist Church may withhold, suspend, or revoke a credential if you have ever, as an adult or a juvenile, been convicted, adjudicated or placed on term of probation or parole for any felony-level crime or offense. You hereby consent to the release by Middletown United Methodist Church of the fact of your approval or non-approval by Middletown United Methodist Church. You hereby release the contracted agency, as custodian of such records, and such agency employees or personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to you, your heirs or assigns, family or associates because of compliance with or release of information pursuant to this authorization, except in the case of gross negligence. You acknowledge that you have read the foregoing release, understand it and agree to the terms and conditions therein.