

VOLUNTEER BACKGROUND INVESTIGATION AUTHORIZATION FORM – Live Scan

In connection with my application for volunteering at Grace Community Church, I understand investigative inquiries may be obtained on myself by a consumer reporting agency, and any such report will be used solely for volunteer-related purposes. I understand the nature and scope of this investigation will include a number of sources, including, but not limited to, consumer credit, criminal convictions, motor vehicle records and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Further, I understand information will be requested from Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand Grace Community Church may request a consumer report or an investigative consumer report about me for volunteer-related purposes. I understand my consent to this request will apply throughout my time as a volunteer, unless I revoke or cancel my consent by sending a signed letter or statement to Grace Community Church at any time, stating I revoke my consent and no longer allow Grace Community Church to obtain consumer or investigative consumer reports about me.

This Disclosure and Authorization form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by Grace Community Church.

I authorize without reservation any party or agency contacted by this organization to furnish the above-mentioned information. I hereby consent to your obtaining the information from State of California, Department of Justice, Bureau of Criminal Information and Analysis, P.O. Box 903417, Sacramento, CA 94203-4170.

I understand I may view the privacy policy given to me and to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

I acknowledge a fax or copy of this Disclosure and Authorization bearing my signature shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I acknowledge I received a copy of the Summary of Rights pursuant to Fair Credit Reporting Act (FCRA).

Name (Please Print): Last, First, Middle

Former or Other Names You Have Used

Address

e-mail Address

Date of Birth

City, State, Zip

Date

Signature

Phone Number

Reason for background check (i.e. nursery, special ministries)

I request to receive a copy of this report by checking this box:

☐

If you would like to view a full copy of your report, please contact the Department of Justice at <https://oag.ca.gov/fingerprints/record-review>. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the reporting agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.



CaIVECHS WAIVER AGREEMENT FOR RELEASE OF CRIMINAL OFFENDER RECORD INFORMATION

Pursuant to the Penal Code section 11105.3 and the National Child Protection Act, as amended by the Volunteers for Children Act, this form must be completed and signed by every current or prospective applicant, employee, or volunteer, for whom criminal offender record information (CORI) is requested by a qualified agency under these laws.

I hereby authorize _____ Grace Community Church of the Valley

Name of Qualified Agency

to submit a set of my fingerprints to the California Department of Justice for the purpose of accessing and reviewing state and federal CORI that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any state and federal CORI that may pertain to me to the qualified agency.

I understand that, until the CORI background check is completed, the qualified agency may choose to deny me unsupervised access to children, the elderly, the handicapped, or the mentally impaired. I further understand that if the information is the basis for an adverse decision, the qualified agency will expeditiously provide me a copy of the CORI background check report, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

☐ Yes, I have (OR) ☐ No, I have not been convicted of or pled to a crime.

If yes, please describe the crime(s) and the particulars:

I am a current or prospective (circle one): Applicant / Employee / Volunteer

Signature _____ Date _____

Printed Name _____

Address for receiving copy of criminal history _____

To Be Completed By Qualified Agency:

Agency Name Grace Community Church of the Valley

Address 13248 Roscoe Blvd., Sun Valley, CA 91352

Telephone 818-909-5763

Note: This document must be retained by the qualified agency for audit purposes.