

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

SSN

City, State, Zip

e-mail Address

Date of Birth

Signature

Date

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

Phone Number

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.