



Authorization For Release of Information

Organization: Memorial Baptist Church - Volunteer

KEEPING YOUR FUTURE IN GOOD COMPANY

Participant/Volunteer

Form fields for participant information: First Name, Middle Name, Last Name, Maiden or Other Names Formally Used, Date Last Used, Month, Year, Do you have a valid Driver's License?, Drivers License Number, State, Yes/No, Current Address, City, County, Social Security Number, State, Zip.

Previous Residences section: List all other cities/counties where you have lived in the last 7 years. Includes fields for City, County, State, Zip, From Date, To Date, Month, Year for three entries.

Attach Additional Pages If Necessary

Form fields for Date of Birth, Race, Sex, and Telephone.



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## Volunteer Consent and Release Form

Proforma Screening Solutions, a consumer reporting agency, will be obtaining information to be compiled into a consumer report and/or investigative consumer report. This information may include information about your character, general reputation, personal characteristics, and/or mode of living.

This information may be obtained from educational institutions, government agencies, companies, corporations, law enforcement agencies and the federal, state or county level, former employers and military institutions. I specifically authorize that this information may be sought and agree to release from any liability the agencies, prior employers, individuals or other entities which provide the information to the extent that the information given is true and accurate. I understand that some or all of this information may be transmitted electronically and authorize such transmission.

I understand that the information obtained may be used by Memorial Baptist Church in its sole discretion and without liability to determine eligibility for participation in Memorial Baptist Church sponsored activities, to grant or deny me permission to enter onto Memorial Baptist Church property, or that of its affiliated partners.

I certify that all statements and answers set forth on the application and authorization form are true and complete to the best of my knowledge, and I understand that if subsequent to approval for participation, any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for termination of my volunteering. Further by requesting this information no promise of participation is being made.

I consent to the release of consumer and/or investigative consumer reports to Memorial Baptist Church.

I understand that a photocopy of this authorization is to be accepted with the same authority as the original.

I acknowledge that I have read and understand this information, and the rules governing its collection and use, as pursuant to the Fair Credit Reporting Act, amended by the Consumer Reform Act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

I have carefully read and understand the authorization form. By my signature, I agree with all information contained in the above form.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Printed Name \_\_\_\_\_



## Authorization For Release of Information

Organization: Memorial  
Baptist Church - Volunteer

KEEPING YOUR FUTURE IN GOOD COMPANY

**PLEASE CHECK THE APPROPRIATE RESPONSE TO THE FOLLOWING QUESTIONS:**

**1.** Within the past seven- (7) years have you been convicted of a crime which has not been expunged from your record or received an alternative disposition sentence for a criminal act? Include offenses for which you served probation, paid a fine and/or served a jail sentence.

**Yes  No**

If yes, please explain the circumstances of the conviction(s) including the date, nature, place of the offense, disposition, and any other information you may want to bring to our attention.

**2.** Are you currently on probation or parole for a criminal offense? **Yes  No**

If yes, please explain.