



BACKGROUND CHECK DISCLOSURE and AUTHORIZATION

As a condition of my service to **St. John's Lutheran Church and School** ("Client") in Arnold, Missouri as an employee or as a volunteer, I understand that a criminal and sex offender report will be requested by Client from Protect My Ministry, Inc., ("Protect My Ministry"). These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal 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, as permitted by law and unless revoked by me in writing, throughout the course of my service to St. John's Lutheran Church and School. 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.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize St. John's Lutheran Church and School or its authorized agents to obtain or prepare criminal and/or sex offender reports or investigative consumer reports about me. I acknowledge receipt and certify that I have read this Disclosure and Authorization.

☐ I wish to receive a copy of any report on me that is requested.

All fields below are required.

LAST NAME

FIRST NAME

MIDDLE NAME/INITIAL

ADDRESS

CITY, STATE, ZIP

COUNTY

EMAIL ADDRESS

PHONE

____-__-____
SSN

D/L NUMBER or STATE ID

STATE ISSUED

For identification purposes only, please provide FULL Date of Birth (DOB): _____

Other Names Used (maiden name, previous married name): _____

Have you ever been convicted of a felony or misdemeanor?

☐ No ☐ Yes. Please explain (use back page if necessary):

Is there anything that could prevent you from serving children, youth, or at-risk adults?

☐ No ☐ Yes. Please explain (use back page if necessary):

SIGNATURE

TODAY'S DATE

OFFICE USE

Background Check Request Date: ____/____/____

Employee ☐ Church ☐ School

Volunteer ☐ Church ☐ School

Background Check Authorized by: _____