

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my willingness to serve as a volunteer with **Naselle Assembly of God Church**, I understand that a background check, will be requested by the Naselle Assembly of God Church for volunteer purposes from Protect My Ministry, Inc., ("Protect My Ministry. These reports may also contain information about me relating to my criminal history, driving and/or motor vehicle records, or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I choose to continue to serve as a volunteer, whichever is applicable, throughout the course of my volunteer service, as permitted by law and unless revoked by me in writing. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Naselle Assembly of God Church or its authorized agents to obtain a background report about me.

Signature _____ TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN _____ D/L or STATE ID _____ STATE ISSUED _____

EMAIL ADDRESS _____

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____

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