DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **Cold Springs Valley Church** ("Client'), I understand that a "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for volunteer purposes, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. The report may also contain information about me relating to my criminal history, social security number verification, or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I serve as a volunteer, throughout the course of my volunteer service, as permitted by law and unless revoked by me in writing. 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 Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

_____   _____

Signature   Today's Date

Print Name: _____
                      (First)   (Middle)   (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____   _____
                                        (Mo/Yr.)   (Street)

_____   _____   _____   _____   _____
         (City)   (County)   (State)   (Zip)   (Phone)

_____   _____   _____   _____
         (SSN)   (D/L or State ID)   (State Issued)   (Email Address)

For <u>identification</u> purposes only, please provide Full Date of Birth: _____
                                                                                                      (DOB)

Completed: _____

Submitted: _____

Received: _____

Fill-in, Save – return saved form to coldspringsvc@hotmail.com