

**AUTHORIZATION AND RELEASE  
FOR THE PROCUREMENT OF A  
NATIONAL RECORDS CHECK**

In keeping with the Safer Sanctuaries Policy adopted by **Bethia United Methodist Church**, any volunteer 18 years of age or older who participate in ministries and activities sponsored by the church will complete the necessary forms to complete a national records check. Procedures for payment for the check will be established by each individual Board or Agency. Checks performed by **Bethia UMC** are done so at a rate of \$20.00.

All returning volunteers must have a national records check repeated every 3 years. Again, a copy of a national records check completed within the last 2 years may be submitted to **Bethia UMC** in lieu of completion of a new background check.

I, the undersigned consumer, do hereby authorize **Bethia United Methodist Church**, by and through its identified independent contractor, **Screening One**, to procure a national records investigative report on me.

These above-mentioned reports may include, but are not limited to, information as to my social security number verification; present and former addresses verification; criminal and civil history/records, including any traffic citations.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon by written request to **Bethia UMC**, if such is made within a reasonable time after the date hereof.

I further authorize any governmental agency who may have information relevant to the above to disclose the same to **Bethia UMC**, by and through **Screening One**, including, but not limited to, any and all courts, public agencies, and law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **Bethia UMC**, **Screening One** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing an investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my service (paid or volunteer) with **Bethia UMC**.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or service will be terminated based on any false, omitted or fraudulent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Printed Name\*: \_\_\_\_\_  
  First  Middle  Maiden  Last

Current Address\*:

\_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

Social Security Number\*: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Gender\* \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Email Address: \_\_\_\_\_ (a copy of the background check results will be emailed to this address)

\* This information is required.