



Cedar Valley Bible Church & Cedar Valley Christian School Volunteers and Employees Background Form



Name: _____ Daytime telephone: _____

Address: _____

SSN _____

Email address _____ Other names used _____

For identification purposes only, please provide full date of birth _____

Which area(s) of this ministry are you currently or do you plan to become involved:

Have you at any time ever:

Been arrested for any reason? Yes No

Been convicted of, or pleaded guilty or no contest to, any crime? Yes No

Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

Having any traits or tendencies that could pose a threat to children, youth, or others? Yes No

Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes," please explain in detail: _____

Verification and Release: Volunteers and Employees

I recognize that Cedar Valley Bible Church/ Cedar Valley Christian School is relying on the accuracy of the information I provide on this form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I understand that a background check may be requested for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., a consumer reporting agency as defined by the Fair Credit Reporting Act. 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, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or 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.

I agree to abide by all policies and procedures of the organization, and to protect the health and safety of the children or youth assigned to my care of supervision at all times.

Signature: _____ Date: _____