

NOTICE – BACKGROUND INVESTIGATION FOR VOLUNTEERS

The information contained in this application is correct to the best of my knowledge. I hereby authorize **KENTUCKY WOMAN’S MISSIONARY UNION** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **KENTUCKY WOMAN’S MISSIONARY UNION** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

KENTUCKY WOMAN’S MISSIONARY UNION and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants’ personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

First, Middle, Last Name _____

List Other Names Used _____

Current Home Address _____

Previous Address _____

Social Security Number _____

Driver’s License or State ID _____ State Issued _____

Email Address _____ Phone Number _____

For identification purposes only, please provide Date of Birth: _____

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____

Date: _____