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# 11 Background Check Authorization Form



Ministry Leader/Ministry Area: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_

(MM/YY)

(Street)

(City)

(State/Zip)

Have you ever been charged, convicted or pled guilty to a crime, either a misdemeanor or a felony including but not limited to drug related charges, child abuse, and/or other crimes of violence, theft, or motor vehicle violation?)

Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information contained in this form is correct to the best of my knowledge. I hereby authorize **Apex United Methodist Church Family of Faith Communities** 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 employment and/or 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; employment history, education background,; drug testing, civil 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 (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Apex United Methodist Church Family of Faith Communities** 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.

I hereby release **Apex United Methodist Church Family of Faith Communities**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

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

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

Circle Primary Campus:

519

Apex

Fiesta Cristiana

Peak

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## Safe Sanctuaries Leader Consent Form

I, \_\_\_\_\_ (printed name) commit myself to serve God and others by participating as a member of the Apex UMC Family of Faith Communities Family Ministries Team. As a member of the team, I join with other leaders who are committed to excellence in all we do for our community of faith.

I have received, read and understand the Apex UMC Family of Faith Communities Safe Sanctuaries policies and understand that I consent to a background check before working with children, youth and vulnerable adults.

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

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

Circle Primary Campus:

519

Apex

Fiesta Cristiana

Peak