

## BACKGROUND INVESTIGATION CONSENT

I \_\_\_\_\_, hereby authorize *New Life Refuge Ministries*, and/or its agents to make an independent investigation of my background references, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained in my Volunteer/Participation Application and/or obtaining other information which may be material to my qualifications for volunteering or serving the organization now and, if applicable, during the tenure of my affiliation with the organization.

Medial and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. In compliance with the fair Credit Reporting Act, I understand that I am entitled to be notified if association is denied because of information obtained by *New Life Refuge Ministries* or its agents from a consumer reporting agency. I further understand that *New Life Refuge Ministries* or its agents will notify me with the name and address of the agency or the source that provided the information.

I release *New Life Refuge Ministries*, and/or its agents, and any person, or entity which provides information to this authorization, from any or all liabilities, claims, or lawsuits in regards to the information obtained from any or all of the above referenced sources used.

**Applicant's Legal Name:(print)** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Month/ Day/ Year

**Driver's License: #** \_\_\_\_\_ **STATE** \_\_\_\_\_

I acknowledge the above information is true and correct:

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

### Payment

Cost: \$21.99 per background check (checks payable to: New Life Refuge Ministries)

Name as it appears on the card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Security Code(3 digits from back of card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_