

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Queen Anne Lutheran Church may obtain information about you from Secure Search to determine whether you will be permitted to take part in certain volunteer opportunities. These reports may contain information regarding your criminal history, motor vehicle records (“driving records”), or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to volunteers is a criminal background check conducted by SecureSearch, 558 Castle Pines Parkway, Castle Rock, Colorado 80108, (866) 891-1954, <https://www.securesearchfaith.com>. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of a background check by Queen Anne Lutheran Church at any time after receipt of this authorization and throughout the time in which I am volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by SecureSearch, 558 Castle Pines Parkway, Castle Rock, Colorado 80108, (866) 891-1954, <https://www.securesearchfaith.com>, another outside organization acting on behalf of **Queen Anne Lutheran Church**, and/or **Queen Anne Lutheran Church** itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington residents and volunteers only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

Signature: _____ Date: _____

Print Name: _____

Full Name —First, Middle, Last: _____ Gender: _____

Maiden Name (if applicable), or any other past Names: _____

Address: _____

Former Address (if applicable): _____

Race: _____

Social Security Number: _____ * Date of Birth: _____ *

*This information will be used for background screening purposes only. The bottom portion of this record will be shredded upon completion of the background check.