



Connecting God's Family by Knowing, Loving, and Serving
so that the world might experience Christ's love!

Child/Youth Protection Authorization for Release of Information and for the Procurement of a Background Report

I consent to have a consumer report made as to my social security information, criminal record, motor vehicle driving record*, and other pertinent information for the purpose of the CHILD AND YOUTH PROTECTION PROGRAM. I hereby authorize KELLER UNITED METHODIST CHURCH to obtain a background report containing the foregoing information from Protect My Ministry.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Securint within a reasonable time after I execute this authorization. I am aware that KELLER UNITED METHODIST CHURCH AND THE CHILD AND YOUTH PROTECTION PROGRAM may repeat this process randomly and without notice.

I also authorize and request every person, firm, company, corporation, government agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish the same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate, hold harmless and indemnify Protect My Ministry, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Securint, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Protect My Ministry, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

Date

Signature

Printed Name: _____
(as is on drivers license)

Social Security No. _____

Address: _____

Date of Birth: _____

City/State Zip: _____

Phone Number: _____ Email: _____

I am interested in volunteering for Children's Ministry Youth Ministry BSA Pack BSA Troop BSA Venture.

*Motor Vehicle Driving Records will only be obtained for those persons who will be transporting children and youth in a church owned vehicle or personal vehicle.