

First Presbyterian Church (FPC) Midland, TX

Volunteer and Benevolence Recipient Consent for Criminal and Motor Vehicle Background Check

Authorization / Waiver / Indemnity

In connection with my plans to volunteer for an FPC Ministry or receive assistance with obtaining a state issued ID or state certified copy of my birth certificate, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by FPC for volunteer or assistance services, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, social media or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I serve as a volunteer throughout the course of my volunteer service, as permitted by law and unless revoked by me in writing.

First Presbyterian Church of Midland will keep all information on this document and all information learned confidential and will not share, sell, or communicate with anyone outside the Business Office.

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

AFTER SIGNATURE, PLEASE PRINT ALL INFORMATION (*All fields required*)

Volunteer/Recipient Signature: _____ Date: _____

Last Name: _____ First: _____ Middle Name: _____

Any previous names(including maiden name) _____

Driver's License #: _____ State Issued: _____

Email address: _____

Social Security #:
_____-_____-_____

Sex: (check one) ☐ Male ☐ Female

Race (check one) ☐ White ☐ Black ☐ Hispanic ☐ Other _____

Date of Birth (mm/dd/yyyy): ____-____-_____

Current Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Other Cities or Countries in which you have lived during the last fifteen years

Page 2 Initial _____

For Ministry only - Ministry Requested by _____