

VOLUNTEER

BACKGROUND CHECK

REV. 10-12-16

Thank you for your willingness to serve at CTK! Christ the King Community Church (CTK) performs background checks on all applicants for volunteer service. All information you provide is kept confidential and is used only by CTK to ensure a safe environment for all who participate in CTK's services, ministries and events. Please complete both sides of this form in black or blue ink.

Your Contact Info (for CTK's internal database)

Name _____ Gender M F

Birth Date _____ Today's Date _____

Email _____

Home Phone _____ Mobile Phone _____

Mailing Address _____ Apt _____

City _____ State _____ Zip _____

How do you prefer to be contacted?

Home phone Mobile phone Email Postal mail

BACKGROUND SECURITY INFORMATION

Christ the King Community Church (CTK) performs background checks on all applicants for volunteer service. In addition to the information you provide below, you will receive an authorization form from Protect My Ministry, Inc. All information you provide is kept confidential and is used only by CTK to ensure a safe environment for all who participate in CTK's services, ministries and events.

CTK is a grace-filled place where you can find forgiveness for the past, hope for the future, and opportunities to be who God made you to be. Answering yes to any question below **does not** disqualify you from serving in some capacity at CTK, but we take seriously the safety and security of those we serve.

Have you ever been arrested for, convicted of, or pleaded guilty to a crime? **Yes** **No**

If yes, please explain. _____

Have you ever been accused of, charged with, alleged to have committed, or have you committed any act of neglecting, abusing, or molesting any child? **Yes** **No**

If yes, please explain in detail, providing date and place of incident(s). _____

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography, or any other addiction, or has anyone ever suggested that you may have an addiction of any kind? **Yes** **No**

If yes, please explain. _____

Is there any circumstance or pattern in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of Christ the King Community Church? **Yes** **No**

If yes, please explain. _____

AGREEMENTS

Confidentiality: I acknowledge that in the course of my volunteer activities I may gain access to documents or other information, some or all of which may be confidential. I recognize that unauthorized release of confidential information may result in legal penalties. As a CTK volunteer, I understand that a breach of confidentiality will be grounds for dismissal in my role as a volunteer.

PLEASE INITIAL _____

Permission to Publish Names and Pictures: I acknowledge and agree that, while volunteering at CTK, my activities may be photographed or videotaped. I hereby consent to CTK's use of photographs or videos in which I appear, and I acknowledge and agree that I have no ownership rights to these photographs or videos. **PLEASE INITIAL** _____

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize the release of information contained in the application to any ministry at CTK in which I seek a position. My signature bears witness that the information and statements provided in this application are true and complete, and that any misrepresentation or omission of given information may be grounds to decline my application or discontinue my volunteer service.

Signature _____ Date _____

FOR CTK USE ONLY: ROCK ENTRY DATE ____/____/____

DISCLOSURE and AUTHORIZATION - BACKGROUND INVESTIGATION

CHRIST THE KING COMMUNITY CHURCH
4173 MERIDIAN ST
BELLINGHAM, WA 98226
360-733-1337

In connection with my application for employment or to serve as a volunteer with Christ the King Community Church (CTK), I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. 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.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I voluntarily and knowingly authorize CTK or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

RESIDENTS OF WASHINGTON STATE ONLY:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act’s disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Protect My Ministry directly.

APPLICANT’S SIGNATURE

DATE

FULL LEGAL NAME (First, Full Middle Name, Last Name)	
SOCIAL SECURITY NUMBER	DATE OF BIRTH <small>FOR ID PURPOSES ONLY</small>
STREET ADDRESS	
CITY, STATE, ZIP CODE	
DRIVER’S LICENSE NUMBER	ISSUING STATE
OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)	

What ministry are you volunteering with? _____