

# RELEASE INFORMATION VOLUNTEER AND PAID WORKER

*First Baptist Church, Douglas, GA*

## APPLICANT COMPLETE THE FOLLOWING

- I. In connection with my **volunteer application**, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If the church requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

- II. Medical 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. According to the Fair Credit Reporting Act, I am entitled to know if my request to volunteer is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by the First Baptist Church of the State of Georgia or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

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Please print your full name

LAST

FIRST

MIDDLE

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Please print other names you have used

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Home Address: \_\_\_\_\_

State

Zip Code

City

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Social Security Number

Date of Birth

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The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: \_\_\_\_\_ Male

\_\_\_\_\_ Female

Race: \_\_\_\_\_ Asian

\_\_\_\_\_ Black

\_\_\_\_\_ Hispanic

\_\_\_\_\_ White

\_\_\_\_\_ Other

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Drivers License Number

State Issuing License

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Name as it appears on license

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Signature

Today's Date

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IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade with a pencil before faxing. Subscribed and sworn before me:

Name \_\_\_\_\_

Date \_\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS.