



**Appendix A2**  
**Resurrection Lutheran Church**  
 9300 Jason Ave. NE Monticello, MN 55362

## Creating Sanctuary

### Authorization for Background Records Check

This form authorizes Resurrection Lutheran Church to obtain background information and must be completed by the applicant. Resurrection Lutheran must keep this completed form on file for at least two years after requesting a background check.

In connection with my application for employment or to serve as a volunteer with **Resurrection Lutheran Church** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, 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 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. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of 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](http://www.protectmyministry.com).

#### Acknowledgement and Authorization

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *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 document explaining my rights under the Fair Credit Reporting Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Identifying information for background information agency (also known as "Consumer Reporting Agency")

Print Name: \_\_\_\_\_

Other Names used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_

Street/PO Box	City	State	Zip Code	County	Dates
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Former Address: \_\_\_\_\_

Street/PO Box	City	State	Zip Code	County	Dates
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Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Residents of Minnesota and Oklahoma only:**

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on the Disclosure and Authorization.

I wish to receive a copy of any report on me that is requested.