

Miles Chapel CME Applicant Background Consent/Release Form

I, (print full name) _____ do authorize **Miles Chapel Christian Methodist Episcopal Church & Assigned Minister at 4315 Lyons Avenue Houston, Texas 77020** to make an investigation of my background, references, character, past employment, criminal records and where applicable, my motor vehicle records and financial records, for the purpose of confirming the information contained on Protect My Ministry; online application or for the purposes of my participating with Miles Chapel's Ministry Activities.

I understand this authorize extends to the obtaining of information which may be material to my qualifications for employment or as a volunteer.

I release Miles Chapel Christian Methodist Episcopal Church and Protect My Ministry from any and all liabilities, claim or lawsuits in regards to the information obtained from any and all of the above reference sources used.

The Background Screening Include

- National Criminal Database Search
- National Sex Offender Registry
- SSN Verification and Address History Trace
- Automatic Re-Verification of Records and Possible Records
- Automatic Maiden/Alias Name Search

PROVIDING THE FOLLOWING INFORMATION

PLEASE PRINT ALL INFORMATION

FULL NAME: _____ PHONE NUMBER: _____

PRESENT STREET ADDRESS: _____

DATE OF BIRTH: _____

By Signing below, I do acknowledge the material contained above to be true and correct to be best of my knowledge.

Applicant Signature/Date: _____

Title: _____