



BACKGROUND CHECK ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I authorize CALVARY CHAPEL MORGANTOWN or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. 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.

SIGNATURE

DATE

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

PHONE

EMAIL ADDRESS

In an effort to better secure your personal information used in background investigations, we ask that you submit that information directly to our background screening company. You will receive an email that provides instructions on how to provide further information necessary to perform the background check. If you would prefer to provide the information in person please see the Children's Ministry Director.