



Background Check Consent Form

Name:	Social Security #:	Date of Birth:
Ministry:		

Please provide all addresses for the last 5 years:
(if more than 3 addresses please list on an additional page)

Street Address:		
City:	State:	Zip:
Previous Address:		
City:	State:	Zip:
Previous Address:		
City:	State:	Zip:

I agree and represent that:

The information contained in this application is correct to the best of my knowledge.

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every prospective employee or volunteer for whom a criminal history check is requested by a qualified entity under these laws.

I hereby authorize Spanish River Presbyterian Church, Inc. to submit a request to Protect My Ministry, Inc. for the purpose of accessing and reviewing Florida and national criminal records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581 pursuant to 28 CFR Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the qualified entity with which I am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is complete, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee or volunteer.

I ___have OR ___have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below.

Signature _____ Date _____