



**Authorization and Informed Consent Form for Background Checks for Holy Orders
Form B**

To: Missioner for Administration
The Episcopal Church in Minnesota
1101 W. Broadway Avenue
Minneapolis, MN 55411

Date _____

Full Name of Applicant - Please print:

Last

First

Middle

Birth Name: _____

Current Address: _____

City/State/ZIP: _____

Date of Birth: _____ Social Security Number: _____-_____-_____
Month Day Year

I do hereby authorize the Episcopal Church in Minnesota, its employees, volunteers and such other persons as may periodically assist with the administration or operation of the Church, to request and receive information concerning my previous employment, education, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or service as a volunteer in a Church program.

This authorization will expire one year from the date of my signature. A photocopy of this authorization may be accepted in lieu of the original.

Signature of Applicant

Date

Authorization for Release of Personal Information

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Episcopal Church in Minnesota, whether said records are public, private, or confidential in nature, and particularly criminal records and allegations of harassment or sexual/ethical/misconduct.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this Release Authorization will be considered in determining my suitability for employment as paid or volunteer staff. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Episcopal Diocese of Minnesota and this congregation or organization from any and all liability which may be incurred as a result of collecting and acting upon such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION IS COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING, AND/OR INCOMPLETE INFORMATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT AS PAID OR VOLUNTEER STAFF.

A photocopy of this "Authorization for Release of Personal Information" will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization of Release of Personal Information."

Signature of Applicant

Date

Printed Name of Applicant

Note: No record will be stored in your file that contains your Social Security Number following the execution of the background check, unless it is blacked out. In most cases, the hard copies that include your number are shredded.