



## Waiver of Information and Background Check Consent Form 2

Email (preferred):

File Name: [Last Name] Form 2

File Type: PDF

[holyorders@episcopalmn.org](mailto:holyorders@episcopalmn.org)

Or mail:

Holy Orders File

The Episcopal Church in MN

1101 W. Broadway Avenue

Minneapolis, MN 55411

I, \_\_\_\_\_, if a Nominee for Holy Orders in the Episcopal Church, give my permission to the Bishop of the Episcopal Church in Minnesota to share reports of my physical examination, psychological evaluation, along with my application for Discernment and supporting material, my CPE evaluations, my supervised field education evaluations, and my transcripts from a theological seminary, with the Canon for Ministry, the Dean of Formation, the President of the Standing Committee and Chair of the Commission on Ministry.

I, \_\_\_\_\_, if a Nominee for Holy Orders in the Episcopal Church, further give my permission to the Bishop of the Episcopal Church in Minnesota to share my application for Discernment along with supporting material supplied by me or my faith community, *excluding the physical examination, the psychological evaluation, and the background check*, with the Commission on Ministry, the Commission for Formation and the Formation Chaplains.

I, \_\_\_\_\_, if a Nominee for Holy Orders in the Episcopal Church, further give my permission to the psychological and psychiatric examiners/evaluators, to exchange information about me with each other for the purposes of a full and comprehensive assessment for Holy Orders.

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.

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 Waiver of Information and Background Check Consent 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 FORM 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 "Waiver of Information and Background Check Consent" 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 "Waiver of Information and Background Check Consent."

Signed: \_\_\_\_\_

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

*Send the original signed copy to the Episcopal Church in Minnesota.*

*Give copies of this waiver to:*

- *The physician for your physical examination*
- *The psychologist at LeaderWise*