

Office only:
 Date form received: _____

Authorization and Informed Consent Form for Background Check(s)

IMPORTANT:

- ✓ Faith Communities are responsible for all record-keeping and follow up associated with this background check
- ✓ Form is valid for 30 days: This form must be received by ECMN within 30 days for processing

SECTION 1: To be completed by church representative

This background check is for (check all that apply):

- 1) Job applicant finalist? Yes No
 - a) Job involves access to church accounts or money? Yes No
 - b) If so, specify the degree(s) you wish to verify _____
- 2) Volunteer who will work with children? Yes No
 - a) If so, will they be driving youth? Yes No
- 3) Volunteer who will have access to church accounts or money? Yes No

Faith Community Name: _____ City: _____

Church representative submitting form ***print name:*** _____ Role: _____

Costs: Churches will be invoiced for the cost of the background check. Background checks are role-related. A simple background check will likely run \$11. A more complex background, including education verification and credit check, can exceed \$60. When running more complex background checks, costs can be contained by working with ECMN to ensure that we are only checking for pertinent information. For example, if a job finalist for a bookkeeping position has a B.A. in Accounting, there is no need to verify an Associate's Degree in English.

SECTION 2: To be completed by all applicants

Date form completed: _____

Full Name of Applicant - ***please print:***

 First Middle (must be included) Last

Email address: _____ Phone: _____

Do you actively use email? Yes No

If not, what is your Social Security Number _____

SECTION 3: Sign, Date & Send

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: _____

Sign and mail to: Missioner for Administration, The Episcopal Church in Minnesota, 1101 W. Broadway Avenue, Minneapolis, MN 55411; or email to sandra.s@episcopalmn.org

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 that contains your Social Security Number following the execution of the background check, unless it is blacked out.