

**AUTHORIZATION FOR THE CONDUCT OF CRIMINAL RECORDS
AND BACKGROUND CHECKS AND RELEASE OF LIABILITY**

I, _____, understand that any felony criminal conviction and any criminal conviction and/or adverse information relating to children, youth, or vulnerable adults (hereinafter collectively referred to as "Adverse Information") will disqualify me from working with children, youth, or vulnerable adults. I understand that a conviction for driving under the influence ("DUI") or a similar alcohol-related driving conviction within the last five (5) years will disqualify me from transporting children, youth, and vulnerable adults. I understand that the appropriate leaders of the Surfside United Methodist Church will be notified if my record disqualifies me from service in local church and annual conference and/or district activities based on the criteria set forth above.

Authorization to Obtain and Disclose Background Information

I hereby authorize **Surfside United Methodist Church** to contact **Trak*1 Technology** and **any other background investigation company** to request the disclosure of and obtain from them information about me regarding any record of charges, convictions, or other Adverse Information contained in their files or maintained about me in any criminal file or any other file, regardless of whether the file containing the Adverse Information is a local, state, or national file. I further authorize **Surfside United Methodist Church** to disclose any information obtained about me from Trak*1 Technology and any other background investigation company to the appropriate persons so that they may evaluate the information in determining my fitness to work with children, youth, or vulnerable adults.

Release of Liability Regarding Collection and Disclosure of Information

For valuable consideration received including, but not limited to, the evaluation of my fitness to work with children, youth, and vulnerable adults, I hereby **RELEASE, DISCHARGE, AND HOLD HARMLESS** Trak*1 Technology, any other background investigation company, the Surfside United Methodist Church, and all of those entities' trustees, directors, officers, managers, employees, and agents (collectively referred to herein as the "Releasees") **WITH RESPECT TO ANY LOSS, INJURY, OR OTHER DAMAGE** to me arising out of or in any way related to the collection and disclosure of information about my background **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, except that which is the result of gross negligence and/or willful or wanton misconduct. **I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Print Applicant's Full Name _____ SSN _____

Print all other names that have been used by Applicant (if any) _____

Required Information

Date of birth _____ Place of birth _____

Social Security Number _____
(Background checks will not be processed without a complete Social Security Number)

Applicant's primary physical address: (NO P.O. BOXES)

Street: _____

City: _____ State _____ Zip _____

AUTHORIZATION FOR THE CONDUCT OF CRIMINAL RECORDS AND BACKGROUND CHECKS AND RELEASE OF LIABILITY

Signature of Applicant

Date

AUTHORIZATION FOR MOTOR VEHICLE REPORT AND RELEASE OF LIABILITY

Person transporting children, youth, and vulnerable adults must complete and sign the following:

Driver's license number _____ State of issuance (e.g., SC) _____

Signature of Applicant

Date

(Office use only)

I, _____ have verified the Social Security Number _____
Signature of Authorized Contact Person Date