

LICENSING, ORDINATION AND/OR VOLUNTEER DISCLOSURE
AUTHORIZATION AND RELEASE

I understand that in connection with my application for licensing, ordination, or volunteer work, and /or for continuous employment, and /or volunteer work Carolina Ministries of the Church of God, Inc., IntelliCorp, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history. Credit history will also be checked for all licensing and ordination candidates.

I understand that Organization may rely on any part or all of this Information in determining whether to extend an offer of volunteers' duties to me or offer Church of God credentials to me.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to licensing/ordination/volunteer and is not conducted for any purpose other than in connection with my application for licensing/ordination and/or my eligibility for volunteer duties.

I have read this Licensing/Ordination/Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for licensing/ordination/volunteer duties. I hereby release any and all Investigators, including Carolina Ministries of the Church of God, Inc., from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application with (Church or Organization)_____. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose other than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature

Date

Printed Name

Social Security Number

Date of Birth

Former Last Names (if applicable)

Current Address:

Street City State Zip

Former Address:

Street City State Zip

Email Address