

REQUIRED FOR ALL ATTENDEES OVER 18



**Release Form for Background Check
Clergy, Staff and Volunteer**

Background Check Contact: Laura Wright, lwright@naccc.org
(800) 262-1620 ext. 1614 – Fax (414) 764-0319
naccc@naccc.org – www.naccc.org

I, the undersigned, do hereby consent and agree that on behalf of its member churches the NACCC, through its designated agent Trusted Employee, have the right to perform a Nationwide Criminal Super Search, Social Security Trace Plus, Nationwide Sex Offender Registry Search, and Statewide/County Criminal Search. I authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of Trusted Employees to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability as a result of such disclosures. Information appearing on this Authorization will be used exclusively by Trusted Employees for identification purposes and for the release of information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment/MIF application, or volunteer form, any supplements to it, and in any interview in the knowledge that they will be relied upon in considering my application for such employment or volunteer work, or call to be a minister of an NACCC member church. I agree to provide additional information that may be requested to process my employment/MIF application. I authorize without reservation, any party or agency contacted by Trusted Employees to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

Background Check Requested by: (Church Name & Address) NAPF HOPE 2020

Send results to: (Name & Email address) _____

*This request is for Employment _____ or Volunteer _____

PLEASE PRINT LEGIBLY

I hereby do _____ do not _____ authorize you to contact my current employer/church for Employment and Reference Verifications.

I hereby do _____ do not _____ authorize you to perform a background check using Trusted Employees.

I also understand that the NACCC is not responsible for any liability incurred as a result of my participation in this background search, including loss of job opportunity based on search results.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Legal First Name: _____ Middle Name: _____ Last Name: _____

Current Address (must incl. street, apt.#, city, state, zip code): _____

Gender: _____ Other names used/ Former last name: _____

Date of birth: ____ - ____ - ____ Social Security Number _____ - _____ - _____

Signature: _____ Date: _____

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Email: naccc@naccc.org | Website: www.naccc.org

To nurture fellowship among Congregational Christian Churches and to support ministries of the local church in its community and to the world, all in the name of Christ