



AUTHORIZATION BACKGROUND SCREENING - VOLUNTEER

I \_\_\_\_\_ in connection with my application as a volunteer for MISSIONERS OF CHRIST ("Company") hereby authorize Screening One ("ScreeningOne") to perform a background screening check (including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by Applicant in writing). I understand and agree to the following:

- 1. A background check is not only for the benefit of Company, but also for the benefit of all employees. It is no reflection on an applicant. I have read, understand and signed the separate Disclosure concerning my rights.
2. All reports are confidential. Consumer credit information including credit reports are obtained in strict compliance with the Fair Credit Reporting Act, and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504.
4. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested by Company and ScreeningOne.
5. I further release all of the above, including Company and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH IS OPTIONAL, BUT ENSURES ACCURACY AND AVOIDS DELAY.

\_\_\_\_\_  
Last Name (print) First Name (print) Middle Name Social Security Number

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Former Names Date of Name Change

\_\_\_\_\_  
Name on Drivers License Driver's License or I.D. Number State of Issue

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES

CURRENT: \_\_\_\_\_

FORMER: \_\_\_\_\_

FORMER: \_\_\_\_\_

FORMER: \_\_\_\_\_

FORMER: \_\_\_\_\_