

First Mount Zion Baptist Church

16622 Dumfries Road, Dumfries, Virginia 22025

(703) 680-0184 Fax (703) 670-0296

www.fmzbc.com

Rev. Dr. Sandra K. James, Pastor

NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with FIRST MOUNT ZION BAPTIST CHURCH.

I understand that, if I am approved for volunteer service by FIRST MOUNT ZION BAPTIST CHURCH, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of FIRST MOUNT ZION BAPTIST CHURCH, such may be necessary.

I hereby release and discharge to the extent permitted by law, FIRST MOUNT ZION BAPTIST CHURCH, its employees, any individual or agency obtaining information for FIRST MOUNT ZION BAPTIST CHURCH, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of (FIRST MOUNT ZION BAPTIST CHURCH).

By signing below, I, _____, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

AUTHORIZATION

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)

Drivers License Number

Drivers License State

Any other names I have been known by: _____

Email Address: _____

Current Address: _____

Previous Addresses (Last 10 Years): _____

Signature

Date
