**CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION FORM**

**Disclosure**

By providing the requested information below, you hereby acknowledge and understand that in connection with you **CHILD VOLUNTEER POSITION**, AMH Program Services Division, a division of AMH Public Safety & Security Service Group, LLC, will be conducting a criminal records history background investigation which will be used, or expected to be used for the purposes of serving, as a factor in establishing / determining your continued eligibility for **CHILD VOLUNTEER POSITION** with **5TH EPISCOPAL DISTRICT, YOUNG PEOPLE’S & CHILDREN’S DIVISION, WOMEN’S MISSIONARY SOCIETY, AFRICAN METHODIST EPISCOPAL CHURCH, INC.** A report generated by e-Verifile Investigations may contain public record information which may be requested or made on you, including criminal records. You are hereby notified that you have the right to make a timely request for a copy of the scope and nature of the criminal records history background investigation and / or a complete copy of your e-Verifile Investigations report by providing proper identification and the payment of any legally permissible fees. You are further notified that, prior to being denied a **CHILD VOLUNTEER POSITION**, based in whole or in part on information obtained in the e-Verifile Investigations report, you will be provided a copy of the report, the name, address and telephone number of the investigator conducting the final investigation determination, and a description in writing of your rights under the Fair Credit Reporting Act.

**Authorization**

By providing the requested information and signing below, you hereby authorize, without further reservation, AMH Program Services Division, a division of AMH Public Safety & Security Service Group, LLC., and its affiliate partner, e-Verifile Investigations, to furnish the above mentioned and requested information. You further authorize ongoing procurement of the above mentioned information, reports and records at any time during your volunteerism or in the course of considering you for a volunteer position. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without further reservation, any organization, police department, or other persons or agencies having knowledge about you, to furnish AMH Program Services Division, a division of AMH Public Safety & Security Service Group, LLC., with any and all criminal record history background information in their possession regarding you, so that your qualifications may be evaluated and / or reassessed.

**Acknowledgement and Summary of Rights**

**By signing below, you certify, under penalty of perjury, that: (1) you have read and fully understand this disclosure and authorization; (2) that all of the information you are providing is true, complete, correct, and accurate; (3) that you acknowledge that, if denied, you will receive a reason for denial letter with an attached summary of your rights under the Fair Credit Reporting Act (15 U.S.C. 1861 et seq). The following information is required in order for AMH Program Services Division, a division of AMH Public Safety & Security Service Group, LLC., to obtain a criminal records history background information:**

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FULL FIRST NAME FULL MIDDLE NAME FULL LEGAL LAST NAME

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|  |

PHYSICAL STREET ADDRESS

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

CITY COUNTY STATE ZIP CODE

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|  |

PREVIOUS PHYSICAL ADDRESS

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

CITY COUNTY STATE ZIP CODE

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FULL SOCIAL SECURITY NUMBER FULL DATE OF BIRTH

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ADDITIONAL PREVIOUS NAMES USED

|  |  |
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APPLICANT SIGNATURE DATE OF SIGNATURE

**For Office Use Only**

Date Investigation Conducted: \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ Appropriate Fees Collected: [ ]  YES [ ]  NO

Name of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Investigation Adjudication: [ ]  CLEAR [ ]  NOT CLEAR

Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_