

# Application Form

Please enter your information within the next 30 minutes

**\* THIS ONLINE APPLICATION IS PROTECTED BY A SECURE CERTIFICATE AUTHORITY, WHICH SUPPORTS UP TO A TLS1.2 256-BIT ENCRYPTION PROCESS. THIS PROCESS CAN BE VERIFIED USING YOUR BROWSER'S SECURITY CERTIFICATE INFORMATION PAGE. ALL INFORMATION PROVIDED ON THIS FORM IS SECURE. FOR MORE INFORMATION ON HOW TO ACCESS THIS INFORMATION, PLEASE CONTACT US.**

## PERSONAL INFORMATION

Full Legal Name:  First  Middle  Last

Other Names Used:  Check this box to enter other names you may have been known as in the past, such as your maiden name.

No Middle Name to satisfy the requirement.

Date of Birth:   
(MM/DD/YYYY) Required Only for Identity Purposes

Email:

Social Security Number:  ###-##-####  
(###-##-####) Required Only for Identity Verification Purposes

Ethnicity:  select

Gender:  Female  
 Male

Phone Number:  (###)###-####  
(###)###-####

Drivers License:  Number  select State

Current Address Since:  (MM/DD/YYYY)  Street, apartment, etc.

USA select Country  City  select State

##### Zip

Previous Address From:  to   
(MM/DD/YYYY) Street, apartment, etc.

select Country  City  select State

Zip

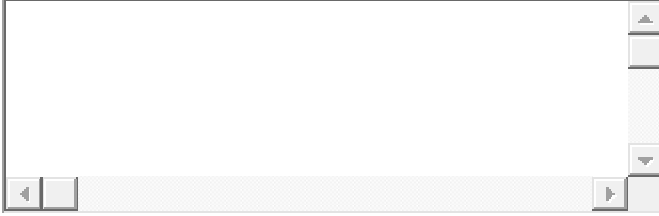
Previous Address From:  to   
(MM/DD/YYYY) Street, apartment, etc.

Country  City  select State

Zip

1. **Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse or any other related crime?**  
 Yes  
 No
2. **Have you ever used illegal drugs or misused prescription drugs during the past three years?**  
 Yes  
 No
3. **Have you ever been convicted of a criminal offense excluding minor traffic violations?**  
 Yes  
 No
4. **Are there factors or circumstances involving you that would call into questions being entrusted with the supervision, guidance, and care of children or compromise the integrity of the ministry of Valley Church?**  
 Yes  
 No
5. **Has your driver's license ever been suspended or revoked?**  
 Yes  
 No

6. **If you answered yes to any of the questions above, please explain.**



**DISCLOSURE AND AUTHORIZATION – BACKGROUND INVESTIGATION**

In conjunction with my volunteerism at Valley Church, (herein "Client"), located at 4343 Fuller Road in West Des Moines, Iowa or if employed, I understand that prior to or at any time after my volunteerism commences a consumer report may be requested for volunteer purposes from Protect My Ministry, Inc.,(herein: "Protect My Ministry") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Employment Credit Report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), IS U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information. I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY/DRIVING HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, GENERAL REPUTATION, MODE OF LIVING,AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY PROTECT MY MINISTRY DEEMED PERTINENT TO MY VOLUNTEERISM. In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if my volunteerism is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication),

and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Protect My Ministry's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Protect My Ministry will provide a written explanation of any coded information contained in my file. I understand that Protect My Ministry is a Consumer Reporting Agency and it is Protect My Ministry's policy to not be involved in or make hiring decisions or recommendation. Protect My Ministry's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Protect My Ministry does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry client show- Protect My Ministry, LLC., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see [www.protectmyministry.com](http://www.protectmyministry.com)

I agree     I disagree

First Name:                       Middle Name:     Last Name:

Last four digits of SSN:     Date:

By checking the 'I agree' box and entering my full name I recognize that this is equivalent to my legal signature.

**Notice to California, Minnesota and Oklahoma Residents ONLY:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

- I wish to receive a copy of any Background Check Report on me that is requested.
- States specific pop up based on applicant's states.

