



To: Prospective Children's or Student Ministry Workers

From: Don Kawahigashi – Pastor of Operations

Subject: Background Screening & Disclosure Form

Thank you for volunteering to serve in our Children's or Student Ministry. These ministries are a big part of what makes Fellowship of the Parks a dynamic and exciting place, where people can seek and encounter God. At FOTP, we are committed to ensuring a safe and loving environment for each child. To do this, we must run background checks on all staff and volunteers.

The Fair Credit Reporting Act (FCRA) requires that we obtain written authorizations and disclosure statements to conduct a criminal background check from every person we intend to research. Please know that we will be requesting information only as it pertains to a person's criminal background, and will not be requesting information as it pertains to a person's financial background.

Please read and sign the attached documents and return them to an FOTP staff member at your earliest convenience. These documents and the subsequent background reports received from ChoicePoint, will be secured in a confidential file located in my office. You will only be contacted if a charge or conviction is discovered that could disqualify you from consideration for serving in the Children's or Student Ministry of FOTP. Any negative information will be confirmed and you will have an opportunity to respond to it before any actions are taken.

If you have any questions related to this policy and the specific procedures followed, please contact me directly at 817.741.3687.

Thanks for having a servant's heart and volunteering to serve in our Children's or Student Ministry!

Authorization to Conduct Background Check

I authorize Fellowship of the Parks (FOTP) to make whatever inquiries it may deem necessary in connection with my application to serve in the children's or student ministry. As part of such inquiries, Fellowship of the Parks has my permission to contact persons who may have information regarding my suitability to work in the children's or student ministry of Fellowship of the Parks and to secure consumer reports (including investigative consumer reports).

I authorize and instruct any person or agency contacted to participate or conduct inquiries at Fellowship of the Parks request, to compile information, and to furnish any information obtained as a result of such inquiries.

I further authorize Fellowship of the Parks, in its sole discretion, to furnish copies of this authorization and my application to any person and/or consumer-reporting agency in connection with above purposes.

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681 b(b)(2)(B).

Name (Please Print): _____

Signature: _____

Date: _____

Social Security Number: _____

Date of Birth: ____/____/____

Disclosure Statement

Information contained in the reports obtained by Fellowship of the Parks in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living.

You have the right to request that Fellowship of the Parks completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the organization within a reasonable period of time.

If Fellowship of the Parks obtains a consumer report about you from any consumer reporting agency and, based on the information contained in the report, takes adverse action against you, you will be provided the name and address of the party who prepared the report, a copy of the report and a copy of a notice outlining your rights under the Fair Credit Reporting Act before such action is taken.

This disclosure is made pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(A).

I hereby acknowledge that I have read the above disclosure statement and have understood it. Accordingly, I authorize Fellowship of the Parks to obtain a consumer report about me from a consumer reporting agency, and to use said reports in connection with children's or student ministry related decisions.

Name (Please Print): _____

Signature: _____

Date: _____

Social Security Number: _____

Date of Birth: ____/____/____