

**DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION**

In connection with your volunteering/employment with Power House Youth Center (Company), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for volunteer/employment purposes. These reports may include information as to your character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Protect My Ministry, Inc., 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).

The scope of this notice and below authorization is not limited to the present and if you volunteer/are hired will continue throughout the course of your volunteer/employment time and allow the Company to conduct future screenings for retention, promotion or reassignment as permitted by law and unless revoked by you in writing.

**Acknowledgement and Authorization**

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my volunteer or employment if applicable.

\_\_\_\_\_  
Signature Date

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ D/L or State ID \_\_\_\_\_ State Issued \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

For identification purposes only, please provide Full Date of Birth: \_\_\_\_\_

Please List Other Names Used (including maiden) \_\_\_\_\_