Permission to Obtain a Background Check

(This form authorizes Thanksgiving! Lutheran Church to obtain background information and must be completed by the applicant. The church must keep this completed form on file for at least five years after requesting a background check.)

I, the undersigned applicant (also known as "consumer"), authorize Thanksgiving! Lutheran Church through its independent contractor(s), First Advantage, Inc., or Protect My Ministry, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Thanksgiving! Lutheran Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: ______ Date: ______

Check One Volunteer: _____ Employee: _____

Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name:First		Mic	Middle		
Other Names Use	ed (alias, maiden, nickna	me):			
Current Address:					
	Street /P. O. Box	City	State	Zip Code County	Dates
Former Address:					
	Street /P. O. Box	City	State	Zip Code County	Dates
Social Security Number:			Daytime Telephone Number: _		
Driver's License Number:		State of Issua	nce: Da	ate of Birth:	Gender:
Email Address:			Ministry Participation:		

Updated: 02/02/2024