

BACKGROUND INQUIRY RELEASE FORM

The Woodlands United Methodist Church (TWUMC)

In connection with employment or volunteer services with TWUMC and any of their ministries and programs to children, I understand that investigative background inquiries may be made on me, including criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that TWUMC or its authorized agent will be requesting information from various federal, state and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

READ CAREFULLY: I hereby acknowledge and agree that TWUMC shall not be held liable for the use of inaccurate or incomplete information provide to them by any investigative firm or authorized ag3ent with which TWUMC contracts or subcontracts in connection with this release. Additionally, any investigative firm or authorized agent shall not be held liable for gathering or use of inaccurate or incomplete information in connection with this release.

I authorize without reservation, the Custodians of Records and other sources of information pertaining to me to rele3ase any and all records and information upon presentation of this signed release.

I hereby waive any privilege that may exist with regard to such records and express my desire that the investigator by given full and complete access to any records, without the custodian obtaining further consent form me.

I understand the information obtained by TWUMC pursuant to this release is confidential and will be protected as much as reasonably possible. I understand that my employment or volunteer position with TWUMC in conditioned upon acceptable results of the background inquiry as determined by TWUMC. I also understand that matters appearing on the background inquiry will not necessarily disqualify me from employment or a volunteer position with TWUMC.

I further agree that a reproduced copy of this release shall have the same force and effect as the original. This authorization is valid for eh entire period of my employment or contract with TWUMC.

Signature

PRINT FULL NAME

Date