

Background Check Authorization

Child Evangelism Fellowship of Oregon, Inc.®

Release Authorization:

1. In connection with my future involvement as a staff member of volunteer working with children, I understand that CEF will conduct a background check to determine my ability to minister in this role. It may include information concerning my character, work habits, performance and any court records that may have a bearing on my job responsibilities.
2. I acknowledge that a telephonic facsimile (fax) or photocopy shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureay, school, employer, church or non-profit organization, reference, or insurance company contacted by CEF or its consumer reporting agency or its agents, to furnish the information described below.
4. I understand that if any of those records contains information which is used to deny my employment with, or involvement in ministry with the *Child Evangelism Fellowship*, I will be notified of my rights and where I can obtain a copy of the information.

Identifying Data: (Please print)

Full Name: _____ Date of Birth: _____ Gender: _____

Address: _____ Social Security #: _____

City _____ State _____ Zip Code _____ Phone (____) _____

Driver's License#: _____ County _____ State _____ Expiration Date _____

Background Information:

Maiden name/other names: _____

Previous Addresses for the past 5 years: _____

- A. Have you ever been convicted of a sex-related crime? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if in another state) _____
If yes, did the crime involve force or minors? Yes No
- B. Have you ever been convicted of a crime involving violence or the threat of violence? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if in another state) _____
- C. Have you ever been convicted of a crime involving criminal activity in drugs or alcohol? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if in another state) _____
- D. Have you ever been convicted of any other crime except a minor traffic violation? Yes No
- E. Have you been arrested for a crime for which there has not yet been an acquittal or dismissal?
 Yes No

By signing below, you hereby release the Child Evangelism Fellowship and it agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any liability for damages of whatever kind, which may at any time result to you, your heirs, family, or associates because of compliance with this authorization and request to release information. You may be contacted as indicated above. A copy of this authorization (if not previously destroyed in accordance with record retention policies) will be given to you, provided you request it in writing.

Applicant's Signature _____ Date _____

CEF of Oregon Chapter: _____

All information acquired will be used within the Child Evangelism Fellowship organization as it pertains to employment or volunteer work with children unless signified otherwise in writing upon completion of this form.

NOTE: Your SSN **will not** appear on any documentation other than this form. Any report as delivered to your local CEF® chapter **will not** delineate your history. It will simply designate that you are, or are not able to participate in activities with children or youth.