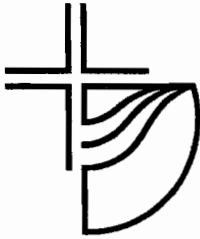


CONFIDENTIAL



**Church of the Brethren
Office of Ministry
Background Check
AUTHORIZATION/CONSENT**

Print Name _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ **Date of Birth:** _____

Telephone Numbers: _____
(Home) (Business) (Cell)

During the ministry credentialing (licensing and ordination) application and approval process and at any time during course of my credentialing and/or service with the Church of the Brethren - I hereby authorize the Church of the Brethren Office of Ministry and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for credentialing and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Church of the Brethren Office of Ministry or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I understand that this information may be used by the District Ministry Commission, District Executive, Associate District Executive, Office of Ministry, or other appropriate body as a part of the credentialing process. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, reputation, or personal characteristics.

Church of the Brethren Office of Ministry and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature

Date