

**VOLUNTEER CONFIDENTIAL INFORMATION FORM AND  
CONSENT TO CONDUCT BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, authorize First Presbyterian Church of Conroe  
(Please print full name)

(FPCC) and its designated agents and representatives to conduct a review of my background through a consumer report and/or an investigative consumer report, to be generated for clearance as a volunteer worker. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to: verification of Social Security number; current and previous residence addresses; employment history; education; references; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration.

- By signing below, I acknowledge separate receipt of the *Notice to Volunteer/ Volunteer Applicant Regarding Background Investigations* and certify that I have read this disclosure. Furthermore, I authorize FPCC to obtain consumer reports and/or investigative consumer reports at any time after receipt of this authorization and throughout the course of my engagement. I acknowledge and agree that the scope of this authorization is not limited to the present, and if I am engaged as a volunteer, will continue throughout this engagement unless I revoke this authorization in writing.
- I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete this report. I authorize and request any present or former employer, school, police department, or other persons having personal knowledge of me to furnish FPCC or its designated agents with any and all information in their possession regarding me in connection with the volunteer work for which I am being considered. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.
- I release FPCC and its officers, employees, agents, officials, representatives or assigned agencies, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and release of information.

I understand that if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of consumer's rights will be provided to me.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
Signature of Volunteer	Date (month, day, year)

Please Clearly Print All Information Below

\_\_\_\_\_  
Full Name of Volunteer (Last, First, Middle)      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth Date      \_\_\_\_\_  
Sex (M/F)

\_\_\_\_\_  
Former Names Used, Including Maiden (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number      Current Full Address (Street Number and Name, City, State, Zip)      \_\_\_\_\_  
County

\_\_\_\_\_  
Driver's License Number      \_\_\_\_\_  
State of Issue      \_\_\_\_\_  
Full Name on Driver's License

Prior residence addresses for the past seven (7) years: **(Indicate full address, including zip and county)**

\_\_\_\_\_  
Number      Street      City      State      Zip      County      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Number      Street      City      State      Zip      County      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Number      Street      City      State      Zip      County      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Number      Street      City      State      Zip      County      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Number      Street      City      State      Zip      County      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Number      Street      City      State      Zip      County      From \_\_\_\_ To \_\_\_\_

\_\_\_\_\_  
Number      Street      City      State      Zip      County      From \_\_\_\_ To \_\_\_\_

**Answer each question below with yes or no:**

1. Have you ever been convicted of or pled guilty or no contest to a criminal charge?
2. Are you currently awaiting trial, sentencing or disposition of a criminal charge?
3. Are there any facts regarding you or your background that would cause either you or the church to have concerns about your being entrusted with the supervision, guidance, and care of minors?

If you answered Yes to Numbers 1, 2 or 3 above, provide the Case Numbers, Date of Action, Disposition, Place of Occurrence and Current Status or other information below. If more space is needed, add supplemental sheets. **Any such criminal actions do not automatically disqualify you, but we will need to consider them in context of the duties and types of access of the volunteer work for which you are being considered.**  
Are additional sheets attached? Yes \_\_\_\_ No \_\_\_\_