

Background Check Authorization

Release Authorization:

1. In connection with my future involvement as a staff member or a 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 bureau, 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 above.
4. I understand that if any of those records contains information which is used to deny my employment in Child Evangelism Fellowship®, I will be notified of my rights and where I can obtain a copy of the information.

By signing below, you hereby release *Child Evangelism Fellowship* and its 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 below. 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.

The information contained in this screening form is correct to the best of my knowledge. I authorize any references listed on this application to give you any information (including opinions) they may have regarding my character and fitness for children’s work. I hereby release any individual, church, youth organization, employer, charity, reference, or any other person or organization, both individually or collectively, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family on account of compliance or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

As a volunteer or paid worker for Child Evangelism Fellowship Inc. I agree to abide by the Child Protection Policy and to refrain from unscriptural conduct in the performance of my services on its behalf.

I have read the Child Protection Policy and viewed (www.cefonline.com/childprotection) or heard (866-878-4182) the “Protecting Today’s Child” 11-minute presentation and agree to follow the policies and procedures in handling any child abuse situation that may arise.

I further state that I have read carefully the foregoing release and know the contents thereof. This is a legally binding agreement which I have read and understand.

Applicant’s Signature	(Print Name)	Date
Parent’s Signature (If applicant is a minor)	(Print Name)	Date
<input type="checkbox"/> Identity confirmed with government issued photographic identification. Signature of witness to photographic identification	(Print name)	Date

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.

A different form may be required by the reporting agency or state government agency you are using.

Please return all paperwork to the following address:

4 West Main St., PO Box 575, Taylors, SC 29687

Date I watched the Bloodborne Pathogens video (if in Pickens Co. only) _____