



Consent and Authorization Form  
 Post Office Box 757, Blairsville GA 30514  
 Tel: 706-781-3554 Fax: 706-781-3907/3808  
 Email: [searches@informationondemand.net](mailto:searches@informationondemand.net)

## House Of Prayer Church

**Tel: 706-745-5925      \*\*\*Return Completed Form in Person to House Of Prayer or Via  
 Email: [karen@houseofprayerblairsville.com](mailto:karen@houseofprayerblairsville.com)**

### VOLUNTEER BACKGROUND CHECK AUTHORIZATION/ORDER FORM

The undersigned (i) confirms that it has authorized the above named Client to obtain a background check for employment purposes including, without limitation, a consumer report and criminal background check on the undersigned, and (ii) authorizes **Information on Demand, Inc.**, or any of its agents, to provide, orally or in writing, the results of a background check, including a consumer report and criminal background check, to the above-named Client or its representatives. I further certify that I have been advised of my rights under the The Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681-1681y, either verbally or by inclusion in my volunteer package. This authorization is a continuing authorization for the Client to obtain background checks on the undersigned during the term of the undersigned's volunteering with Client.

**THE UNDERSIGNED RELEASES INFORMATION ON DEMAND, INC. AND ITS AGENTS AND REPRESENTATIVES, AND ALL ENTITIES AND INDIVIDUALS INVOLVED IN REPORTING INFORMATION ABOUT THE UNDERSIGNED, FROM ANY AND ALL CLAIMS BY, OR LIABILITY TO, THE UNDERSIGNED THAT MAY RESULT FROM, ARISE OUT OF, OR IN CONNECTION WITH THE CHECK AND CONSENTS TO THE ABOVE NAMED ENTITY TO PERFORM PERIODIC BACKGROUND CHECKS FOR THE DURATION OF MY VOLUNTEERING WITH THIS COMPANY.**

**VOLUNTEER INFORMATION – COMPLETED BY VOLUNTEER**

**PRINT HERE:**

	First Name	Middle Name	Last Name
Sex	Race	Date of Birth	Social Security Number

Complete Street Address, City, State, and Zip Code \_\_\_\_\_

VOLUNTEER Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Client certifies the following:

1. The Background Report is being ordered from IOD for use by Client volunteer purposes.
2. Information from the Background Reports will not be used in violation of and Federal or state equal opportunity law or regulation.
3. Client has provided to the subject of the Background Report a clear and conspicuous written disclosure, in a document that consists solely of the disclosure, that a consumer report may be obtained on the subject for volunteer purposes, and the subject has provided written authorization (which may be on the same document) of Client's procurement of the report.
4. Before taking adverse action against the subject of the Background Report, based in whole or in part on the Background Report, Client will provide that subject a copy of the report and a copy of the FTC's Summary of Consumer Rights.

**BACKGROUND CHECK REPORT ORDER – COMPLETED BY CLIENT**

Criminal Trace (Enter One State in Parentheses Below)      County Level Search: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Social Security Trace       M.V.R. State & No. \_\_\_\_\_

US National Search       Education /Employment Trace (Use Attached Sheet)

Signature of Client Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Work in Elder Care       Work in Child Care       Work with Mentally Disabled