



AUTHORIZATION AND ACKNOWLEDGEMENT

I understand and acknowledge that, as an applicant for employment **or** to be a volunteer at Crossroads Fellowship, a *criminal background check*, a *Department of Motor Vehicle check* and *verification of my Social Security number* will be requested from an independent source. I hereby authorize Crossroads Fellowship to conduct such checks.

I further understand and acknowledge that if I am accepted, this authorization shall remain on file and shall serve as an on-going authorization for Crossroads Fellowship to obtain such reports every 3 years or at any time during the time I am a volunteer or employee.

I acknowledge that I have received a copy of the attached "Fair Credit Reporting Act Disclosure." and a copy of "Summary of Your Rights Under the Fair Credit Reporting Act." prior to executing this authorization.

Signature

Date

Printed Name