

Criminal Records Check Authorization

I hereby give my permission for His Place Community Church to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do , for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify His Place Community Church, and each of their officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee or volunteer.

Applicant's Signature

Date

(Please Print Name)

First

Middle

Last

Maiden Name if Applicable

Washington State Driver's License #

Date of Birth