

Permission to Obtain a Background Check

This form authorizes the East Coast Conference of The Evangelical Covenant Church to obtain background information and must be completed by the applicant. The ECC will keep this completed form of permission on file for at least three years after requesting a background check. You will be provided with an identification number that will indicate your background check has been performed and you are clear to participate in ECC ministries with Youth. Please print this form and mail it to Jim Condap, Ministry Director, Pilgrim Pines Conf. Center 220 West Shore Road Swanzey, NH 03446

All efforts will be made to safe guard your information once we have it and all sensitive information will be destroyed upon receiving the results of your background check.

I, the undersigned applicant (also known as "consumer"), authorize the East Coast Conference of the Evangelical Covenant Church through its independent contractor, LexisNexis, to procure background information (also known as a "consumer report and/or investigative consumer report") about me. This report will include a social security number verification; present and former addresses; criminal and civil history/records; and the multi state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to the East Coast Conference, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Name (please print) _____ Date: _____

Signature: _____ Church contact: _____

Church you are attending with: _____ Church Contact e-mail or phone #: _____

(All information recorded below will be destroyed following the approval or denial of your application.)

The authorized ECC agent will contact your retreat coordinator regarding the status of your application within 2 weeks of receiving it. You will be contacted directly by the above agent if there are any areas of concern on your background check.)

Identifying Information for Background Information Agency (also known as "Consumer Reporting Agency")

Print Name: _____
First Middle Last

Other Names Used (alias, maiden, nickname): _____ Date of Birth: _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Telephone Number: _____

The specific results of your background check will only be seen by the Ministry Director of Pilgrim Pines Conf. Center. If you have any questions, or wish to see the results of your background check, please contact Jim Condap at jim@pilgrimpines.org. You will need to provide additional proof of identity before any records will be released.