

# MISSISSIPPI BAPTIST CONVENTION BOARD

## DISCLOSURE & AUTHORIZATION RELEASE FORM - VOLUNTEER



### DISCLOSURE

As a **volunteer** for the Mississippi Baptist Convention Board, certain consumer reports may be requested from **First Advantage**. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, professional credentials, and drugs/alcohol use. Such reports may also contain public record information concerning your driving record, workers' compensation claims, criminal records (both felonies and misdemeanors), etc., from federal, state, and other agencies which maintain such records; as well as information from **First Advantage** concerning previous driving record requests made by others from such state agencies and state provided driving records. Furthermore, the Mississippi Baptist Convention Board may obtain information from law enforcement files concerning any history of sex offenses or offenses against children with which you may have been charged or convicted.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report by contacting **First Advantage**, P. O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004.

### RELEASE

**I AUTHORIZE, WITHOUT RESERVATION, First Advantage, AND ANY PARTY OR AGENCY CONTACTED BY First Advantage, TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

**First Advantage** is authorized to disclose all information obtained to the Mississippi Baptist Convention Board for the purpose of making a determination as to my eligibility to participate as a volunteer for the Mississippi Baptist Convention Board. This authorization shall remain on file and shall serve as ongoing authorization for the procurement of such consumer reports at any time during my tenure as a volunteer.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given any opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my eligibility to serve as a volunteer for the Mississippi Baptist Convention Board.

PRINTED FULL NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
PERMANENT ADDRESS (NO P.O. BOXES)		
CITY	STATE	ZIP
PHONE	EMAIL	
SIGNATURE	DATE	
PARENT/GUARDIAN SIGNATURE (REQUIRED IF APPLICANT IS UNDER AGE 18)		

**THIS FORM IS FOR VOLUNTEERS WORKING WITH THE MISSISSIPPI BAPTIST CONVENTION BOARD (MBCB). THIS FORM CANNOT BE PROCESSED THROUGH THE EXECUTIVE DIRECTOR-TREASURER'S OFFICE OF THE MBCB UNLESS WE KNOW THE NAME OF THE DEPARTMENT THAT HAS REQUESTED YOU TO SERVE WITH THEM.**

**NAME OF MBCB DEPARTMENT REQUESTING INFORMATION:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

Please send this form to the **department** requesting the information at the following address: MISSISSIPPI BAPTIST CONVENTION BOARD  
PO Box 530  
Jackson MS 39205-0530

**VOLUNTEER RELEASE FORM**

**05-2021**