

## Acknowledgement and Responsibility Form for Background Checks

Sign and return the following:

I \_\_\_\_\_(name) acknowledge that the California Nevada Annual Conference is authorized to be an agent to perform background checks on behalf of \_\_\_\_\_  
(list church name, organization or UMVIM Team and the location/dates). I am the reporting recipient and am aware that any information disseminated to me is confidential to all third parties. I am also aware that the individual of the background check has a right to request a copy of their report under the fair credit-reporting act. I also acknowledge that any costs occurred for this/these background inquiries are the responsibility of the individual volunteer/hired staff person or my organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Organization, Church or UMVIM  
(location) + dates

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address to send Live Scans to**

**Please return to:**

**Eddie Frutchey -- UMVIM – Admin. Asst.  
PO Box 980250, West Sacramento, CA 95798-0250  
(916)374-1584**

Please attach to the back of this form a list of the names and birth dates of all those being background checked in your group. You will be notified if someone has all ready been cleared through our system from a previous submission. Your list will help with the tracking of your volunteers and hired staff. Thank you.