



# The Progressive Episcopal Church

## Clergy and Church Personnel Criminal Background Check Authorization Form

Ministry diocese or entity: \_\_\_\_\_

Location: \_\_\_\_\_

As a church, we value the safety of all people entrusted to our care, and our clergy, volunteers and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, *The Progressive Episcopal Church* mandates that criminal history background checks be conducted for all clergy, staff and volunteers who may have unsupervised contact with a child, the elderly, persons with disabilities, or other vulnerable adults.

**Please complete your responses to the following questions and return this form to the Secretary General via email at [admin@tpecusa.org](mailto:admin@tpecusa.org).**

Name:\*

Date of Birth:\*

Address:\*

City:\*

State\*

ZIP\*

Known by any other name(s):

Place of employment:

Work phone:

Home phone:\*

Driver license #\*

State\*

Gender

SSN:\*

Male

Female

Other

Please sign & date on reverse.

I \_\_\_\_\_, hereby authorize The Progressive Episcopal Church to have the

*please print*

following background check screening reports processed through the agency contacted by the church and/or its agent or representative for ministry or volunteer purposes: Application Verification, National Criminal Report, Sexual Abuse Registry and County Court Report.

I am aware that this background check is only a screening tool and I may be asked to provide additional information or my fingerprints to resolve issues discovered during the screening.

I am aware that the background check screening report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to The Progressive Episcopal Church within a reasonable time after I execute this authorization.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: Date of birth, gender, DL#, and SSN are being requested only for purposes of identification in obtaining accurate retrieval of records.*

By submitting this application: You understand that if the background check identifies a pending adjudication or conviction for any proscribed offense(s), ministry approval by *The Progressive Episcopal Church* will be withheld or revoked. You acknowledge that *The Progressive Episcopal Church* may withhold, suspend, or revoke a credential if you have ever, as an adult or a juvenile, been convicted, adjudicated or placed on term of probation or parole for any felony -level crime or offense. You hereby consent to the release by *The Progressive Episcopal Church* of the fact of your approval or nonapproval by *The Progressive Episcopal Church*. You hereby release the contracted agency, as custodian of such records, and such agency employees or personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to you, your heirs or assigns, family or associates because of compliance with or release of information pursuant to this authorization, except in the case of gross negligence. You acknowledge that you have read the foregoing release, understand it and agree to the terms and conditions therein.

*The Progressive Episcopal Church*  
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