

SERVICE REQUEST FORM

Ordering a background investigation through Oxford Document Management is easy. Simply follow these steps:
(IMPORTANT: Please type or print all information clearly)

1. TELL US ABOUT YOUR CHURCH:

Church Name _____

Address _____

City, State, Zip _____

Phone () _____ - _____ Fax () _____ - _____

“Primary Church Contact”:

Mr./Ms./Dr./The Rev. _____, Title _____
(this is the person at your church who is authorized to receive “red flags” and the results of our background investigation)

“Secondary Church Contact” (if different than the above):

Mr./Ms./Dr./The Rev. _____, Title _____
(this is the person at your church who should be contacted if the candidate or their references have general questions about the screening process)

2. TELL US ABOUT YOUR CANDIDATE(S):

(For multiple requests, please make copies of this form and complete sections 2 and 3 for each candidate)

Full Name : Mr./Ms./Dr./The Rev. _____

Home Address _____

City, State, Zip _____

Phone () _____ - _____ Fax () _____ - _____

Social Security Number (if known): _____ - ____ - _____

Date of Birth (if known): ____ / ____ / ____

3. CHOOSE THE SERVICES YOU WISH US TO PERFORM:

(See the “Description of Services” insert for an explanation of these services)

Five year background investigation	\$ 90.00	_____
Ten year background investigation	\$125.00	_____
Fifteen year background investigation	\$150.00	_____
Credit Bureau records check	\$ 20.00	_____
Motor Vehicle (DMV) records check	\$ 20.00	_____
TOTAL DUE WITH REQUEST	\$	_____

*** CONTINUED NEXT PAGE ***

4. "PRIMARY CHURCH CONTACT" MUST READ AND SIGN THE FOLLOWING:

I, _____ certify that I am the "Primary Church Contact" noted above and that as a designated representative of the Church so named, am authorized to sign this document and to request and receive background investigation reports from Oxford Document Management Company, Inc. (ODM).

The Church understands and agrees that it is solely responsible for determining the scope and content of the background investigation requested from ODM, the interpretation, use, and release of any and all information from the background investigation, for complying with all laws regarding the scope, content, use, or release of any and all information from the background investigation, and for any and all actions taken based on or related to the background investigation or information from it.

The Church understands that ODM is not providing legal advice regarding the scope, content, use, release, or any other matter related to the background investigation or any information from it and that the Church should obtain whatever legal advice it determines it needs prior to signing this Service Request Form, prior to making any employment or volunteer service related decision based in whole or in part on the information obtained from the background investigation, prior to making any other use or release of the background investigation or any information from it, or for any other matters related to the background investigation.

The Church agrees that the background investigation and all information from it will be used only for legitimate clergy selection, employment and volunteer service purposes in compliance with all applicable state and federal laws including but not limited to the Fair Credit Reporting Act and the Americans with Disabilities Act.

ODM is granted permission to sign the various screening questionnaires on behalf of the "Primary Church Contact."

The Church recognizes that information in reports is secured from and managed by fallible sources (human and otherwise), and that for the fee charged, ODM cannot be either an insurer or a guarantor of the accuracy of the information reported. ODM employees are not allowed to render any opinions regarding information contained in a report.

The Church agrees to **WAIVE, RELEASE and DISCHARGE** Oxford Document Management Company, Inc. (ODM), its officers, agents, employees and independent contractors and to **INDEMNIFY and HOLD them HARMLESS** from liability for all damages and losses of whatever kind or nature, except liability for willful or intentional acts or punitive damages, that may result, arise out of or be related in any way to the background investigation conducted by ODM or the reports or information provided by ODM.

Signature, "Primary Church Contact"

Title

Date

5. KEEP A COPY OF THIS REQUEST FOR YOUR RECORDS

6. MAIL THE ORIGINAL, SIGNED COPY OF THIS REQUEST, ALONG WITH PRE-PAYMENT TO:

**OXFORD DOCUMENT MANAGEMENT COMPANY, INC.
P.O. BOX 307
ANOKA, MN 55303**

If you have any questions, please feel free to call us at 1-800-801-9114.