_____day of _____, 20___,
To Whom it May Concern:

I recognize that Great Europe Mission (GEM) as an organization works with children and follows standards approved in the United States and many countries for child protection. I understand that GEM's aim is to protect the safety of the children who are associated with the organization. As a member of the Child Safety and Protection Network, GEM screens and trains all its employees and volunteers in child safety and has a well-developed child safety policy. It uses a company called "Protect My Ministry," which is an industry leader in providing background screenings for non-profit organizations.

I recognize that background screening, primarily of any criminal records, is an important part of child safety, and is required to serve with GEM, either as an employee or as a volunteer. The background screening will be repeated as needed for service. This letter is to certify that I have granted permission to Protect My Ministry to administer a background check/screening for GEM, and that I also granted permission for Protect My Ministry to share the results of the background screening with GEM. I understand that Protect My Ministry will comply with U.S. standards on background screening, including complying with the Fair Credit Reporting Act, keeping my personal information confidential, and so forth.

Protect My Ministry provided a copy of the background screening results to GEM and also to me, on _____(date). I am aware that document was used to determine, in part, whether I could be employed or volunteer with GEM, in the L'Arcada Ministry or any other ministry. I understand that the document may be shared with GEM Teams, the GEM Spanish Field, Communitas Spain, or Spanish Immigration. I understand that each of these entities will preserve the information in a confidential personnel file or confidential immigration file. The screening was done with my full knowledge and consent, and I give consent for these uses of the screening.

Sincerely,
(YOUR NAME)

STATE _____)
)
COUNTY OF _____)

Sworn to and subscribed before me this __ day of _____, 20___ by _____, who is ( ) personally known to me or ( ) has produced as identification his/her _____.

_____
Notary Public – State of _____
Printed Name: _____
Commission No.: _____
Commission Expiration: _____