



Protection Policy Personal Information / Background Check Authorization

PLEASE USE INK, PRINT CLEARLY

Name of Applicant: _____

The information contained in this application is correct to the best of my knowledge. I understand this information may be checked by contacting anyone or any organization listed or that may have information about me. I authorize anyone contacted to give you any information, including opinions, regarding my character and fitness for work with children, youth and vulnerable adults. I release the Church, its employees, members and volunteers, and any reference or other person or organization that provides information about me, from all liability for any damages which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this Authorization and my evaluation. I waive any right that I may have to inspect any information provided about me by any persons or organization identified by me in this document.

I agree to be bound to the Michigan Conference Protection Policy, and to refrain from unscriptural, immoral, illegal or unethical conduct in the performance of my work on behalf of the Conference and Districts, their organizations, agencies and other entities.

I agree to participate in training and education sessions provided by the Conference and Districts related to my areas of work. I will immediately report inappropriate behavior, suspicious activity, observed abuse or allegations of abuse, to the event director.

I have carefully read this Authorization. I understand its contents and I am signing it of my own free will.

Signature of Applicant

Date

Witness

Print Witness Name

Authorization for Criminal Records Check

I, _____, hereby authorize the Michigan Conference of the United Methodist Church and its agencies to request the State of Michigan or other agencies to release information regarding any records or convictions contained in its files, or any criminal file maintained on me, whether said files are local, state, or national, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal laws. I do release all local, state, and national law enforcement agencies from all liabilities that may result from any such disclosure made in response to this request.

Signature of applicant: _____

June 4, 2017



Print applicant's full name: _____

Print all other names that have been used by applicant (if any):

THE FOLLOWING SECTION WILL BE SHREDED AFTER PROCESSING OF APPLICATION

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Race: _____ Sex: _____

Driver's License: _____

List each address at which you have resided for the last 15 years with dates.

Please send application to: The Michigan Conference Protection Policy Committee
1161 East Clark Road, Suite 212, DeWitt MI 48820