

## **Authorization for the Conduct of Criminal Records And Background Checks and Release of Liability**

I, \_\_\_\_\_, understand that any felony criminal conviction and any criminal conviction and/or adverse information relating to children, youth, or vulnerable adults (hereinafter collectively referred to as "Adverse Information") will disqualify me from working with children, youth, or vulnerable adults. I understand that a conviction for driving under the influence ("DUI") or a similar alcohol -related driving conviction within the last five (5) years will disqualify me from transporting children, youth, and vulnerable adults. I understand that the appropriate leaders of Saint George Methodist Church will be notified if my record disqualifies me from service in Saint George Methodist Church based on the criteria set forth above.

### **Authorization to Obtain and Disclose Background Information**

I hereby authorize the Saint George Methodist Church to contact LexisNexis Risk Solutions and any other background investigation company to request the disclosure of and obtain from them information about me regarding any record of charges, convictions, or other Adverse Information contained in their files or maintained about me in any criminal file or any other file, regardless of whether the file containing the Adverse Information is a local, state, or national file. I further authorize Saint George Methodist Church to disclose any information obtained about me from Lexis Nexis Risk Solutions and any other background investigation company to the appropriate persons of Saint George Methodist Church so that they may evaluate the information in determining my fitness to work with children, youth, or vulnerable adults.

### **Release of Liability Regarding Collection and Disclosure of Information**

For valuable consideration received including, but not limited to, the evaluation of my fitness to work with children, youth, and vulnerable adults, I hereby **RELEASE, DISCHARGE, AND HOLD HARMLESS** LexisNexis Risk Solutions, any other background investigation company, the Saint George Methodist Church, and all other entities' trustees, directors, officers, managers, employees, and agents (collectively referred to herein as the "Releases") **WITH RESPECT TO ANY LOSS, INJURY, OR OTHER DAMAGE** to me arising out of or in any way related to the collection and disclosure of information about my background **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDICTMENT.**

Print Applicant's Full Name \_\_\_\_\_ SSN \_\_\_\_\_

Print all other names that have been used by Applicant (if any) \_\_\_\_\_

\_\_\_\_\_

### Required Information

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Please check if you are: Clergy \_\_\_\_\_ Laity \_\_\_\_\_

Applicants primary physical address: (No PO Boxes)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### AUTHORIZATION FOR THE CONDUCT OF CRIMINAL RECORDS AND BACKGROUND CHECKS AND RELEASE OF LIABILITY

Charge for report is \$6.00

Social Security Number \_\_\_\_\_  
(Background checks will not be processed without a complete Social Security Number.)

\_\_\_\_\_ I have been screened in the last 3 years by Saint George Methodist Church.

\_\_\_\_\_  
Signature of Applicant Date

I, \_\_\_\_\_, have verified the Social Security Number. \_\_\_\_\_  
Signature of Authorized Contact Person Date

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### AUTHORIZATION FOR MOTOR VEHICLE REPORT AND RELEASE OF LIABILITY

Person transporting children, youth, and vulnerable adults must complete and sign the following:

Charge for this report is \$9.00

Drivers License number \_\_\_\_\_ State of Issuance \_\_\_\_\_

\_\_\_\_\_ I have been screened in the last 3 years by Saint George Methodist Church.

\_\_\_\_\_  
Signature of Applicant Date

The Saint George Methodist Church is committed to providing a safe and secure environment for all children, youth, and vulnerable adults, and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. No adults who have been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should volunteer to work with children or youth in any church sponsored activity.
2. Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his/her willingness with one of our church's ministers before accepting an assignment.
3. All adult volunteers involved with children or youth of our church must have been members of the congregation for at least six months before beginning a volunteer assignment.
4. Adult volunteers with children and youth shall observe the "Two Adult Rule" at all times so that no adult is ever alone with children or youth.
5. Adult volunteers with children and youth shall attend scheduled training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
6. Adult volunteers shall immediately report to SGMC Administration any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
2. As a volunteer in this congregation, do you agree to observe the "Two Adult Rule" at all times?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
3. As a volunteer in this congregation, do you agree to abide by the six-month rule before beginning a volunteer assignment?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
4. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
5. As a volunteer in congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
6. As a volunteer in this congregation, do you agree to discuss with a minister of this congregation if you ever been convicted of child abuse?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
7. As a volunteer in this congregation, do you agree to inform a minister of this congregation if you have ever been convicted of child abuse?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

I have read this Participant Covenant and I agree to observe and abide by the policies set forth above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# **Saint George Methodist Church**

## **Volunteer Application/Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have liability insurance? (list policy limits and name of carrier) \_\_\_\_\_

\_\_\_\_\_

Why would you like to volunteer as a worker with children, youth, and/or vulnerable adults?

\_\_\_\_\_

\_\_\_\_\_

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)?

\_\_\_\_\_ Yes \_\_\_\_\_ NO

If yes, please explain fully: \_\_\_\_\_

\_\_\_\_\_

Have you ever been exposed to an incident of child abuse or neglect?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Would you be available for periodic volunteer training sessions?

\_\_\_\_\_ YES \_\_\_\_\_ NO

REFERENCES: Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date