



WEST MICHIGAN CONFERENCE OF THE UNITED METHODIST CHURCH
THIS FORM IS TO BE USED ONLY FOR MINORS (AGES 16-18)
IN LIEU OF BACKGROUND CHECKS

AFFIDAVIT OF BACKGROUND FOR CARE PROVIDERS BETWEEN THE AGES OF 16-18
 The West Michigan Conference of the United Methodist Church (WMCUMC)

EVENT _____
 DATE _____
 EVENT DIRECTOR _____

Care Provider Initials
 Confirming Concurrence
 With Statement

Parent or Guardian
 Initials of
 Confirmation

_____ I fully support the WM Conference in its interest of protecting vulnerable adults, children and youth from all forms of emotional, physical and sexual abuse, harassment and molestation. _____

_____ I fully support the WM Conference in its interest of protecting Care Providers from any and all false accusations, appearances, and implication of being involved in such abuse, harassment, or molestation of vulnerable adults, children and youth. _____

_____ I agree to comply with the Vulnerable Adults, Child and Youth Abuse Prevention Policy of the Conference (www.westmichiganconference.org; click on Resources). _____

_____ I do hereby swear, affirm, and promise in the presence of God the following: _____

_____ A. I have never been convicted of or pled guilty to or no contest to any crime arising out of any act involving child abuse or child sexual abuse, or any act or conduct which is of a sexual, molesting, seductive, or criminally deviant nature, whether or not such conduct involved a vulnerable adult, child or youth. _____

_____ B. I have never had a verdict rendered against me in any civil action arising out of any personal act or conduct related to child abuse or child sexual abuse. _____

_____ C. I have never committed any act of child abuse or child sexual abuse. _____

_____ D. Except as fully disclosed on the reverse side of this Affidavit, I have never been accused of, or been charged with any crime arising out of child abuse or sexual abuse. _____

_____ E. I have no interest in child pornography. _____

_____ F. I am at least 16 years of age. _____

_____ G. I will never emotionally, physically, or sexually abuse, harass or molest any vulnerable adult, child or youth and will attempt to avoid even the appearances of such conduct while participating in any Conference-related function, activity, event, or program. _____

_____ H. I will immediately report to the event director all known or suspected incidents, complaints and accusations of all acts (involving me or anyone else) of child abuse or child sexual abuse while attending or being involved in any Conference-related activity. It is understood and agreed that upon disclosure of this information to the event director, the event director may take whatever action he/she deems appropriate, including disclosing this information to appropriate authorities or others. _____

 Printed Name of Care Provider (age 16-18)

 Printed Name of Care Provider's Parent or Guardian

 Signature of Care Provider (age 16-18)

 Signature of Care Provider's Parent or Guardian

 Date

 Time

 Date

 Time

Disclosure (D above): _____

