Authorization – Personal Information

PLEASE USE INK, PRINT CLEARLY

Name of Applicant _____

The information contained in this Volunteer 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 persons. I authorize the release of the information in this document to any ministry in the Church. 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 Policies of the Church, and to refrain from unscriptural, immoral, illegal or unethical conduct in the performance of my work on behalf of the Church.

I agree to participate in training and education events provided by the Church 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

Authorization for Criminal Records Check

I, _____, hereby authorize the Detroit Annual Conference of the United Methodist Church and its agencies to request the State of Michigan or other agency to release information regarding any record or convictions contained in its files, or any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. 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 _____

Print applicant's full name _____

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

_____

_____

Date of Birth _____ Place of Birth _____

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

_____

_____

_____

Please send this application to: The Protection Policy Committee, Detroit Annual Conference, 1309 N. Ballenger Hwy, Suite 1; Flint, MI 48504. Thank you.