

**CONFIDENTIAL AUTHORIZATION AND RELEASE
FOR BACKGROUND CHECKS OF VOLUNTEERS
IN REVEILLE’S CHILDREN AND YOUTH MINISTRIES**

Please complete and return the following CONFIDENTIAL form. By signing this form, you are authorizing Reveille United Methodist Church to conduct background checks on you. This form and the results of any background checks are maintained in strict confidence.

Full Legal Name : _____ Prior or Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Best Phone Number to Contact You: _____

Approximate Date of Your First Connection or Activity with Reveille UMC: _____

Other than Reveille, the name(s) of any church(es) you have attended regularly during the past five years: _____

Have you worked with children or youth before in an employee or volunteer role with an organization or a church? _____ *If “yes,” please list on the back of this page all previous church and non-church experience working or volunteering with children or youth (identify applicable organization and its address, your position, appropriate contact person, and the applicable dates).*

If you are willing to drive children or youth (other than just your own children) in connection with Reveille sponsored events or activities, please provide your current Driver’s License Number so that Reveille may perform a DMV check.

Driver’s License Number: _____

State of Issuance if Other than Virginia: _____

Have you ever been convicted of or pleaded guilty to a felony? _____ *If “yes,” please explain:* _____

Within the last ten years, have you been convicted or pleaded guilty to a misdemeanor? _____ *If “yes,” please explain:* _____

CERTIFICATION

I certify under penalty of perjury that (1) I have received a copy or had a copy made available to me of the Child Protection Policy of Reveille United Methodist Church; (2) I have read or will read the Child Protection Policy and will do my best to comply with it; (3) I have not been arrested for, pled guilty or no contest to, nor been convicted of any crime involving child abuse or neglect, nor have I had any such conviction expunged; (4) I have not had any allegations of abuse or neglect made or filed against me in a civil proceeding for child abuse or neglect, nor has any allegation of child abuse or neglect against me been determined to be valid or founded; (5) I have not committed an act or omission constituting child abuse or neglect; and (6) I have not been diagnosed with any paraphiliac psychological condition, as defined by the American Psychiatric Association, including, but not limited to, pedophilia, voyeurism, or exhibitionism.

With my signature, I certify under penalty of perjury, the accuracy of the above

Certification: _____

AUTHORIZATION and RELEASE

I authorize Reveille United Methodist Church to perform background searches and checks of me directly and/or through ScreeningONE, a third-party provider under contract with Reveille and the Virginia Conference of the United Methodist Church, to include a name and identity search, a state criminal records search in any state in which I have lived, a national criminal records search including sex offender and OFAC records, a federal criminal records search, a search of child abuse and neglect registries and records, and, if applicable a search of DMV records.

I release Reveille United Methodist Church and ScreeningONE from any and all claims or liability resulting from any good faith acts or omissions of Reveille United Methodist Church or ScreeningONE in performing the searches and checks described in this authorization and release.

Signature: _____ Date: _____