

**(PUT YOUR CHURCH NAME HERE) UNITED METHODIST CHURCH
CONFIDENTIAL SCREENING FORM**

This form will be reviewed by the Pastor, the Chair of the Church Council, and either the Lay Leader or the Chair of the Staff Parish Relations Committee (change this listing of personnel as needed by your church). Please answer each question candidly and completely. A "yes" answer will not necessarily disqualify a person from serving as a volunteer. This form and the information contained in it will be kept in a confidential file to protect your privacy.

Name (First, Middle, Last) _____

Address _____

Home Phone _____

Please circle "yes" or "no". If you answer "yes" to any of the following questions, please attach an explanation noting the date, nature and place of the incident involved, where the case was litigated or is pending, and the outcome or present status of the case.

1. Have you ever been convicted of, or pleaded guilty or no contest, to a criminal charge of sexual abuse, child abuse, child molestation, or child neglect, in this state or any other state or country?

Yes / No

2. Have you ever been convicted of, or pleaded guilty or no contest, to any other crime, whether 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

3. Are there *any criminal proceedings* pending against you?

Yes / No

4. Are you the subject of an indicated child abuse or maltreatment report in this state or any other state or country?

Yes / No

5. Have you ever had a lawsuit alleging actual or attempted sexual discrimination, sexual harassment, sexual exploitation or sexual misconduct, physical abuse or child abuse filed against you which resulted in a judgment entered against you, or was settled out of court, or was dismissed because the statute of limitations had expired?

Yes / No.

6. Have you ever terminated your employment or service in a volunteer position, or had your employment or authorization to hold a volunteer position terminated, for reasons relating to allegations of actual or attempted sexual discrimination, sexual harassment, sexual exploitation, or sexual misconduct, physical abuse or child abuse? Yes / No

7. Are you willing to provide transportation for children or youth? Yes / No If yes, please answer the following questions:

a. Has your driver's license ever been revoked or suspended? Yes / No

b. In the past 3 years, have you been convicted of, or pleaded guilty to, any offense involving a moving vehicle violation in this state or any other state? Yes / No.

c. Do you experience seizures of any kind? Yes / No. If you answered yes, please indicate whether the seizures are controlled by medication. Yes / No

d. Do you regularly take any medication that could affect your ability to drive? Yes / No.

The information contained in this form is true to the best of my knowledge. I recognize my duty to update this information if I become aware that any answer I have given at this time becomes inaccurate in the future while I am volunteering to work with the children or youth of (put your church name here) United Methodist Church ("the Church"). I authorize any references or churches listed in this application to respond to any inquiries from the Church regarding my fitness to work with children and youth, and I give my permission for the Church to conduct a background check. I further authorize the Church to question the churches and references I have listed regarding my character. To encourage them to speak freely and in consideration of the receipt and evaluation of this application, I hereby release any individual, church or reference, including record keepers and ministers, from any and all liability and responsibility arising from their actions made in good faith and without malice in response to inquiries from the Church.

To allow the Church to attain its goal of providing a safe environment for all who come to it, I authorize the Church to share information from this application, my references, and former churches on a need to know basis.

Signature _____ Date _____