

AUTHORIZATION FOR BACKGROUND CHECK

Northern Illinois Conference United Methodist Church

*(Print) First _____ Middle _____ Last _____

*Maiden name (if applicable): _____

Other Names Used: _____

(Including names not used but appear on Birth Certificate or Social Security Card)

*Social Security Number: _____ - _____ - _____

*Current Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ *Email: _____

*Date of Birth: (MM/DD/YYYY) _____ Place of Birth: _____

(Date of Birth information is used ONLY for verification of identity)

Comments: _____

FILL OUT THIS PORTION ONLY IF REQUESTING MVR CHECK

*Name as appears on Drivers License: _____

*Driver's License Number _____ State _____ Expiration: _____

List each address at which you have resided in the last five years

Address: _____ City: _____ State: _____ Zip _____ County: _____

Address: _____ City: _____ State: _____ Zip _____ County: _____

Address: _____ City: _____ State: _____ Zip _____ County: _____

Personal Disclosure:

Have you ever been convicted of any criminal offense? Yes No

Have you ever been charged with or convicted of child neglect or abuse? Yes No

Have any complaints or allegation of misconduct involving children ever been made against you? Yes No

Have you been convicted of the possession, use or sale of drugs? Yes No

Within the past 30 days have you abused alcohol, legal or illegal drugs? Yes No

Please explain fully any YES answers to the above questions. In addition to the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of children/youth? (use additional page if necessary): _____

The information that I have provided may be verified by contacting persons or organizations that may have information concerning me. I hereby authorize the Northern Illinois Conference or their authorized representatives bearing this release, to obtain and release any information pertaining to my background, regarding any record of charges or convictions or convictions in its files or in 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 hereby fully release and agree to hold harmless from liability any person or organizations that provides information, and such disclosure made in response to this request. I also agree to hold harmless the Northern Illinois Conference of the United Methodist Church, its officers, employees, and volunteers from all claims and damages arising out of or relating to any investigation of my background or use of this form or information.

I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand it may be cause for dismissal if employed or removal from working with children as a volunteer.

Signature of Applicant

Date