

CRYSTAL SPRINGS UNITED METHODIST CHURCH

BACKGROUND INVESTIGATION CONSENT

I, _____(applicant complete name), hereby authorize

CRYSTAL SPRINGS UNITED METHODIST CHURCH and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteering or employment with **CRYSTAL SPRINGS UNITED METHODIST CHURCH**.

I release **CRYSTAL SPRINGS UNITED METHODIST CHURCH** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

Full Name (Printed): _____

Maiden name or other names used: _____

Present street address: _____ How long? _____

City/State: _____ Zip: _____

Former street address: _____ How long? _____

City/State: _____ Zip: _____

Date of birth: _____ Social Security: _____

Driver's license: _____ State of license: _____

Date: _____

Signature

Child or Youth Worker/Volunteer Application Form

It is the goal of this church to create a safe and secure environment for all children and workers who are involved in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth program. This information will be used for the sole purpose of helping the church provide a safe and secure environment for children and workers.

Are you a member of CSUMC? _____ How long have you been affiliated with CSUMC? _____

What other church affiliations do you have? _____

Have you ever worked with children/youth? _____

In what capacity? _____

Is there any reason you should NOT work with or around children or youth? _____

Have you been the subject of any child related investigations or have you been convicted of any criminal offenses? If so please provide details: _____

By signing below, I agree that all the information is complete and true. I pledge to do my part in protecting any child or youth in my care. I also pledge to follow the Safe Sanctuary Policy of CSUMC.

Signature: _____ Date: _____