### **APPENDIX C**

### TEXAS ANNUAL CONFERENCE STRAWBRIDGE UNITED METHODIST CHURCH

# CONSENT TO PERFORM CRIMINAL HISTORY/BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

Last Name	First Name		Middle N	ame or Initial	
Maiden or other name(s) used in any a	and all other records of	f birth or re	cords of residence		
Address		Apartme	nt or #		
City	County	State		Zip	
	-				
**Date of Birth Place of Birth	Social Security Number		**Gender	Race	
Drivers License Number	State		Phone H	W	
E-mail			Photo ID? Y	N	
Emergency Contact		Phone			
**TO BE USED FOR CRIMINAL HIST	ORY CHECKS ONLY	AND NOT	A PART OF THE	PERSONNEL FILE.	
References –Name			Phone	Number	
1					
2					
3					
I,					
church/division conducts a criminal h	istory background ch	eck. I do	hereby consent to		e of any

church/division conducts a criminal history background check. I do hereby consent to the church/division use of any information provided during the application process in performing the criminal history check. The church/division has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the church/division. Under the fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1. \_\_\_\_\_YES \_\_\_\_\_NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors). If yes, please provide details below.

	County:	Date of Offense:	/ /	
Details of convict	ion:			
offense?	_NO Have you ever received defe	erred adjudication or similar disposition	i for any federal, state or m	nuniciŗ
State:	County:	Date of Offense:		
Details of offense	2			
	_NO Have you ever received pro s, please provide details below.	bation or community supervision fo	r any federal, state or m	unicip
State:	County:	Date of Offense:		
State: Details of supervis		Date of Offense:		
Details of supervis	sion:	ricted of any criminal offense in a co		liction
Details of supervis	sion: _NO Have you ever been conv es? If yes, please provide details	ricted of any criminal offense in a co		liction
Details of supervis	sion: _NO Have you ever been conv es? If yes, please provide details City:	ricted of any criminal offense in a co s below.		liction
Details of supervis   4YES   the United State   Country:   Details of convict   5YES	sion: _NO Have you ever been conv es? If yes, please provide details City: ion:	ricted of any criminal offense in a co s below.	ountry outside the jurisd	
Details of supervis   4YES   the United State   Country:   Details of convict   5YES	sion: _NO Have you ever been conves? If yes, please provide details 	ricted of any criminal offense in a co s below. Date of Offense:	ountry outside the jurisd	

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE	COUNTRY	
I HEREBY CERTIFY THAT AND COMPLETE. IF ANY I	NFORMATION PROVES			OFFERS
AND COMPLETE. IF ANY I OF EMPLOYMENT/ VOLUN DETERMINED IN EMPLO CHECK."	NFORMATION PROVES TEER ARE CONTINGENT YER'S SOLE DISCRETION	UPON APPLICAN ON, OF THIS CR	<b>I'S SUCESSFUL COMPLE</b>	OFFERS TION, AS
AND COMPLETE. IF ANY I OF EMPLOYMENT/ VOLUN DETERMINED IN EMPLO CHECK." Signed this	NFORMATION PROVES T TEER ARE CONTINGENT YER'S SOLE DISCRETIN	UPON APPLICAN ON, OF THIS CR	T'S SUCESSFUL COMPLE IMINAL HISTORY/BACKG	OFFERS TION, AS
AND COMPLETE. IF ANY I OF EMPLOYMENT/ VOLUN DETERMINED IN EMPLO CHECK." Signed this	NFORMATION PROVES T TEER ARE CONTINGENT YER'S SOLE DISCRETIN	UPON APPLICAN ON, OF THIS CR	T'S SUCESSFUL COMPLE IMINAL HISTORY/BACKG	OFFERS TION, AS
AND COMPLETE. IF ANY I OF EMPLOYMENT/ VOLUN DETERMINED IN EMPLO CHECK." Signed this APPLICANT (PRINT NAME APPLICANT'S SIGNATURE	NFORMATION PROVES TEER ARE CONTINGENT YER'S SOLE DISCRETION OF	UPON APPLICAN ON, OF THIS CR	T'S SUCESSFUL COMPLET IMINAL HISTORY/BACKG	OFFERS TION, AS
AND COMPLETE. IF ANY I OF EMPLOYMENT/ VOLUN DETERMINED IN EMPLO CHECK." Signed this APPLICANT (PRINT NAME APPLICANT'S SIGNATURE CHURCH	NFORMATION PROVES T TEER ARE CONTINGENT YER'S SOLE DISCRETION day of	UPON APPLICAN ON, OF THIS CR , 20	T'S SUCESSFUL COMPLET IMINAL HISTORY/BACKG	OFFERS TION, AS
AND COMPLETE. IF ANY I OF EMPLOYMENT/ VOLUN DETERMINED IN EMPLO CHECK."	NFORMATION PROVES	UPON APPLICAN ON, OF THIS CR , 20	T'S SUCESSFUL COMPLET IMINAL HISTORY/BACKG	OFFERS TION, AS
AND COMPLETE. IF ANY I OF EMPLOYMENT/ VOLUN DETERMINED IN EMPLO CHECK." Signed this APPLICANT (PRINT NAME APPLICANT'S SIGNATURE CHURCH CHURCH ADDRESS DISTRICT	NFORMATION PROVES	UPON APPLICAN ON, OF THIS CR , 20	T'S SUCESSFUL COMPLET IMINAL HISTORY/BACKG	OFFERS TION, AS
AND COMPLETE. IF ANY I OF EMPLOYMENT/ VOLUN DETERMINED IN EMPLO CHECK." Signed this APPLICANT (PRINT NAME APPLICANT'S SIGNATURE CHURCH ADDRESS	NFORMATION PROVES	UPON APPLICAN ON, OF THIS CR , 20	T'S SUCESSFUL COMPLET IMINAL HISTORY/BACKG	OFFERS TION, AS

(SIGNATURE)\_\_\_\_\_

## **APPENDIX H**

### POLICY OF STRAWBRIDGE UNITED METHODIST CHURCH FOR THE PREVENTION OF ABUSE OF CHILDREN AND YOUTH Employee/Volunteer Agreement to Policy Form Strawbridge United Methodist Church

This is to confirm that I have received and read a copy of the Safe Sanctuary Policies of Strawbridge United Methodist Church of Kingwood, Texas. Included within these policies is a legal definition of child abuse and neglect from the Texas Family Code and written information describing the Texas Laws regarding the reporting of suspected child abuse and/or neglect.

Worker Name: (please print) \_\_\_\_\_

Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_