

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.

State: _____ County: _____ Date of Offense: _____ / _____ / _____

Details of conviction: _____

2. YES NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?
If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of offense: _____

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. YES NO As of the date of this consent form, do you have any pending charges against you?
If yes, please provide details below.

State: _____ County: _____ Date of Arrest _____

Details of pending charges: _____

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 ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE. "ALL OFFERS OF EMPLOYMENT/VOLUNTEER ARE CONTINGENT UPON APPLICANT'S SUCESSFUL COMPLETION, AS DETERMINED IN EMPLOYER'S SOLE DISCRETION, OF THIS CRIMINAL HISTORY/BACKGROUND CHECK."

Signed this _____ day of _____, 20_____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

CHURCH _____

CHURCH ADDRESS _____

DISTRICT _____

AUTHORIZED PERSON REQUESTING CHECK:

(PRINT NAME) _____

(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: _____