

CONFIDENTIAL

**Harrison United Methodist Church
15008 Lancaster Hwy.
Pineville, North Carolina 28134**

The information obtained on this form is for internal use by Harrison United Methodist Church only.

Primary Background Screening Form for Working With Children or Youth

All applicants for positions involving the supervision or custody of children or youth must complete this screening form. HUMC uses this form in order to help provide a safe and secure environment for children and youth who participate in its programs. *No volunteer should be considered for any position involving contact with children or youth until the candidate has been involved with this church for 6 months (unless authorized by senior pastor). You may begin the application process after two months of regular attendance at the church.

DISCLOSURE STATEMENT

By this document, Harrison United Methodist Church discloses to you that a consumer report and/or investigative consumer report may be obtained for employment or volunteer purposes as part of the background investigation and at any time during your employment or affiliation with our church. An investigative consumer report may include information as to your character, general reputation, personal characteristics and mode of living, whichever apply. The Fair Credit Reporting Act provides you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and scope of the investigation requested. You may also request a written summary of your rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission.

Personal

Applicant – please complete information below: Please Print

Name _____ Date of Birth _____
(First, Middle, Last)

Other names used (ie: former married or maiden) _____

Social Security # _____ Sex _____ Race _____

Driver's License#/ State _____

Identity must be confirmed with a state driver's license or other photographic identification.

Home addresses for the past seven years:
Street/City/State/Zip Code County _____ From mo/year
mo/year

Present address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ Email _____

2. _____ County _____

3. _____ County _____

Please answer the following questions:

Have you currently have charges pending, or have you ever been convicted of or plead guilty to a crime that involves physical and/or sexual abuse of a child or child neglect? Yes ___ No ___

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

Has anyone ever made any complaints or allegations of misconduct involving children against you? Yes ___ No ___

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

Within the past 90 days, have you abused alcohol or legal drugs? Yes ___ No ___

Within the past 90 days, have you used any illegal drugs? Yes ___ No ___

Have you been convicted or plead guilty to a traffic offense within the last 7 years? Yes ___ No ___

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If you answered "yes" to any of the above questions, please explain below.

Do you have any health related condition(s) that would keep you from effectively working with or cause any potential harm to children/youth? Yes _____ No _____

If you answered "yes" to the above, please describe below.

Signature

Date

Printed Signature