APPENDIX D

 AUTHORIZATION FOR RELEASE OF INFORMATION

First United Methodist Church, Sealy

200 Atchison

Sealy, Texas 77474

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

|  |  |
| --- | --- |
| Name (Last Name, First Name, Middle Name) | Social Security Number |
| Present Address | City | State | Zip Code |
| Permanent Address | City | State | Zip Code |
| Phone No ( ) |  |
| Are you under the age of 18? YES \_\_ NO \_\_ | Drivers License Number & State |
| Date & Place of Birth | Maiden and/or Any Other Names Used in Last Ten (10) years |

**Former Residences** (Include last Ten (10) years)

|  |  |  |
| --- | --- | --- |
| Date (Month & Yr) | Previous Address (Address, City, County, State, Zip) | Reason for Moving |
| From |  |  |
| To |
| From |  |  |
| To |
| From |  |  |
| To |
| From |  |  |
| To |

Please provide a copy of a photo identification.

**READ CAREFULLY:**

I hereby authorize First United Methodist Church Sealy to request any information regarding any record of indictment, charges or convictions contained in any file maintained on me, whether said file is a local, county, state, or national file, and including, but not limited to, accusations, charges, indictments and convictions for crimes or traffic convictions, to the fullest extent permitted by state and federal law. In connection herewith, I hereby authorize any agency (including law enforcement agencies) to release such information. I hereby RELEASE AND HOLD HARMLESS First United Methodist Church Sealy, and all of the herein referenced agencies which provide the contents of said files from all liability that may result from any said request and/or disclosure made in response to such request.

This authorization is given as part of my application for employment or volunteer work at the church. All information relative to the background investigation is confidential and any dissemination will be in accordance with state and federal law.

I certify that I have read and understand the foregoing language and further understand that information developed as a result of my authorizing this investigation shall only be shared with the Senior Clergy of First United Methodist Church. I further certify that the information on this form is true and correct.

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

**APPENDIX E (1)**

EMPLOYEE & VOLUNTEER REFERENCE CHECK FORM

(One Sheet per Reference)Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. How well do you know the applicant?

4. How would you describe the applicant?

5. How would you describe the applicant’s ability to relate to children and/or youth?

6. How would you describe the applicant’s ability to relate to adults?

7. How would you describe the applicant’s leadership abilities?

8. How would you feel about having the applicant as a volunteer worker with your child and /or youth?

9. Do you know of any characteristics that would negatively affect the applicant’s ability t work with children and/or youth? If so, please describe.

10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

Additional Comments:Reference inquiry completed by (Print Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return to:

First United Methodist Church, Sealy

200 Atchison Street

Sealy, TX 77504Attn: Linda German fax 979.885.1884

**APPENDIX E (2)**

EMPLOYEE & VOLUNTEER REFERENCE CHECK FORM

(One Sheet per Reference)Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. How well do you know the applicant?

4. How would you describe the applicant?

5. How would you describe the applicant’s ability to relate to children and/or youth?

6. How would you describe the applicant’s ability to relate to adults?

7. How would you describe the applicant’s leadership abilities?

8. How would you feel about having the applicant as a volunteer worker with your child and /or youth?

9. Do you know of any characteristics that would negatively affect the applicant’s ability t work with children and/or youth? If so, please describe.

10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

Additional Comments:Reference inquiry completed by (Print Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Sealy, TX 77504Attn: Linda German fax 979.885.1884