

## **AUTHORIZATION FOR THE CONDUCT OF CRIMINAL RECORDS AND BACKGROUND CHECKS AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, understand that any felony criminal conviction and any criminal conviction and/or adverse information relating to children, youth, or vulnerable adults (hereinafter collectively referred to as “Adverse Information”) will disqualify me from working with children, youth, or vulnerable adults. I understand that a conviction for driving under the influence (“DUI”) or a similar alcohol-related driving conviction within the last five (5) years will disqualify me from transporting children, youth, and vulnerable adults. I understand that the appropriate leaders of Philadelphia United Methodist Church will be notified if my record disqualifies me from service in local church, annual conference and/or district activities based on the criteria set forth above.

### **Authorization to Obtain and Disclose Background Information**

I hereby authorize **Philadelphia United Methodist Church** to contact **ChoicePoint WorkPlace Solutions, Inc. d/b/a ChoicePoint** (“ChoicePoint”) and **any other background investigation company** to request the disclosure of and obtain from them information about me regarding any record of charges, convictions, or other Adverse Information contained in their files or maintained about me in any criminal file or any other file, regardless of whether the file containing the Adverse Information is a local, state, or national file. I further authorize the **Philadelphia United Methodist Church** to disclose any information obtained about me from ChoicePoint and any other background investigation company to the appropriate persons of Philadelphia United Methodist Church so that they may evaluate the information in determining my fitness to work with children, youth, or vulnerable adults.

### **Release of Liability Regarding Collection and Disclosure of Information**

For valuable consideration received including, but not limited to, the evaluation of my fitness to work with children, youth, and vulnerable adults, I hereby **RELEASE, DISCHARGE, AND HOLD HARMLESS** ChoicePoint, any other background investigation company, Philadelphia United Methodist Church, and all of those entities’ trustees, directors, officers, managers, employees, and agents (collectively referred to herein as the “Releasees”) **WITH RESPECT TO ANY LOSS, INJURY, OR OTHER DAMAGE** to me arising out of or in any way related to the collection and disclosure of information about my background **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**AUTHORIZATION FOR THE CONDUCT OF CRIMINAL RECORDS AND  
BACKGROUND CHECKS AND RELEASE OF LIABILITY (continuation page)**

Print Applicant's Full Name \_\_\_\_\_

Print all other names that have been used by Applicant (if any) \_\_\_\_\_  
\_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Social Security Number \_\_\_\_\_  
**(Background checks will not be processed without a complete Social Security Number.)**

Driver's license number \_\_\_\_\_ State of issuance (e.g., SC) \_\_\_\_\_

\_\_\_ I have already been screened by a United Methodist church or agency.  
Church/agency that conducted the prior screening \_\_\_\_\_  
Date of prior screening \_\_\_\_\_

Applicants primary physical address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date