**West U Methodist Church**

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

Last Name First Name Full Middle Name

Maiden or other name(s) used in any and all other records of birth or records of residence.

Address Apartment or #

City County State Zip

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | - |  | |
| \*\*Date of Birth | Place of Birth |  | \*\*Gender | Race |

Type of Photo ID Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License Number

State Phone H Mobile

E-mail

Emergency Contact Phone

**\*\*TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY**

**References –Name Phone Number**

**1.**

**2.**

**3.**

I, with

, am an applicant for employment / volunteer work church/division and have been advised that as a part of the

application process, the 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.

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. “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.”**

Date:

I have completed this three page consent form, and I hereby give West U Methodist my consent to perform a criminal history/background check to protect the children and youth of the West U Methodist.

**I have attached a photo copy of my driver’s license or photo ID.**

I hereby acknowledge that I have read and that I understand the West U Methodist Safe Sanctuary Policy. I hereby agree to follow church policies and procedures in accordance with Safe Sanctuary regulations.

Applicant Signature

*Thank you for volunteering to provide a safe environment for the children and youth of West U Methodist, and for taking the time to read the Safe Sanctuary policy and complete this long form ! If you have questions, do not hesitate to contact:*

*Senior Pastor Rev. Carol Bruse at* [*cbruse@westumethodist.org*](mailto:cbruse@westumethodist.org) *or*

*Finance and Business Administrator Mary Farley at* [*mfarley@westumethodist.org*](mailto:mfarley@westumethodist.org)*.*

*Please complete, sign and return this entire three page form to the church:*

Attention: Mary Farley

West University United Methodist Church

3611 University, Houston, TX 77005

Phone 713.664.8111 Fax 713.666.9088

www.westumethodist.org