FIRST UNITED METHODIST CHURCH OF COPPELL

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

Ministry (s) Volunteering with:

- Sunday School
  - Children ☐
  - Youth ☐
- UMYF ☐
- Confirmation ☐
- Special Needs ☐
- Choir
  - Children ☐
  - Youth ☐
- VBS ☐
- Big Mac ☐
- CC's / JJ's ☐
- Special Event/Other _____

Last Name | First Name | Middle Name or Initial

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

** Date of Birth | Social Security Number (- -) | ** Gender | ** Race

*** AS SHOWN ON THE ORIGINAL APPLICATION**
**** TO BE USED FOR CRIMINAL HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.**

I, _____, am an applicant for employment / volunteer work with First United Methodist Church of Coppell and have been advised that as a part of the application process, the church conducts a criminal history background check. I do hereby consent to the church use of any information provided during the application process in performing the criminal history check. The church 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. 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

REFERENCES: **IF YOU ARE NOT A MEMBER OF FUMC-COPPELL OR HAVE BEEN A MEMBER OR REGULAR ATTENDEE FOR LESS THAN SIX MONTHS,** PLEASE LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK WITH CHILDREN OR YOUTH.

Name/Title	Mailing Address	Phone	Email

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, I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT / VOLUNTEER WORK WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE CHURCH.

Signed this _____ day of _____, 20 _____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____