

## BACKGROUND DISCLOSURE AND RELEASE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

CHURCH NAME & LOCATION \_\_\_\_\_

I have been a member of this church since: \_\_\_\_\_

I have been an employee or friend of this church since: \_\_\_\_\_

**NOTE:** Camp MoVal and the Missouri Mid-South Conference of the United Church of Christ will not deny participation to any applicant solely because the person has been convicted of a crime. However, the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for may be considered.

1. Please list every state in which you have lived, worked or been a student in the last seven years.
2. I have never been convicted of, nor plead guilty or no contest to a criminal charge involving drugs, sexual misconduct, violence, theft or financial misconduct.

\_\_\_\_\_ True    \_\_\_\_\_ Not True

**If not true**, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

3. No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation or misconduct; physical abuse; child abuse; or financial misconduct has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired.

\_\_\_\_\_ True    \_\_\_\_\_ Not True

**If not true**, give a short explanation of the lawsuit. Please indicate the date, nature and place of the incident leading to the lawsuit, where the lawsuit was filed, and the precise disposition of the lawsuit.

4. I have never terminated my employment, professional credentials or service in a volunteer position, or had my employment, professional credentials or authorization to hold a volunteer position terminated, for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct.

\_\_\_\_\_ True    \_\_\_\_\_ Not True

**If not true**, give a short explanation. Please indicate the date of termination, name, address and telephone number of employer or volunteer supervisor, and the nature of the incident(s) leading to your termination.

5. With respect to my driving record, I have not had my license suspended or revoked within the last five years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.

\_\_\_\_\_ True    \_\_\_\_\_ Not True

**If not true**, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

6. Is there any fact or circumstance involving you or your background that would call into question you being entrusted with the responsibility of supervising or providing leadership for children and/or youth?

\_\_\_\_ Yes    \_\_\_\_ No

If yes, please provide a brief explanation.

The covenants between persons seeking to be involved in supervisory and/or leadership positions with children and/or youth and the organization through which they seek to serve require honesty, integrity, and truthfulness for the health of the church. To that end, I attest that the information set forth in this Disclosure Statement is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position/role I am seeking to fill. I acknowledge that it is my duty to amend the responses and information I have provided, in a timely manner, if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between employees, authorized volunteers and the organization through which they seek to serve. To that end, I authorize Camp MoVal and the Missouri Mid-South Conference of the United Church of Christ (MMSC-UCC) and/or its agents to make inquiries regarding my character and qualification, including all statements I have set forth in this Disclosure Statement. I also authorize all entities, persons, former employees, supervisors, courts, law enforcement and other public agencies to respond to inquires concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements made in good faith and without malice.

The MMSC-UCC process for screening persons seeking to be involved in supervisory and/or leadership positions with children/youth involves the sharing of information with those persons with oversight responsibilities. To that end, I authorize the MMSC-UCC and its agents to circulate, distribute and otherwise share information gathered in connection with this Disclosure Statement to such persons for these purposes. I understand that the MMSC-UCC will share with me information it has gathered about me if I request it to do so, unless I specifically waive that privilege.

Signature of Applicant

Date

**AFTER THE APPLICATION FORM IS COMPLETED, IT MUST BE SIGNED BY A RECOGNIZED REPRESENTATIVE OF THE CHURCH OR COMMUNITY LEADER.**

The Applicant is (check one of the following):

- \_\_\_\_ **an Active Member, Employee or Friend of a Church, or Clergy NOT currently serving a church** - The application is to be signed by a Pastor or Christian Education Director of the applicant's church;
- \_\_\_\_ **a Called Pastor** - The application is to be signed by the Church Moderator or Council President;
- \_\_\_\_ **an Interim Pastor or Supply** - The application is to be signed by the appropriate Association Conference Minister;
- \_\_\_\_ **a Conference Staff Person** - The application is to be signed by Conference Minister.

**CHURCH REPRESENTATIVE:** Your signature indicates that you have reviewed this form for accuracy and completeness to the best of your knowledge, and that you have no reason to doubt this person's appropriateness to serve as leader with children or youth.

Signature of Church Representative

Date

Day Phone #

Name of Church or Community Representative *(please print)*

Title

Evening Phone #