

## **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 the South Carolina Conference of the United Methodist Church (the "South Carolina Conference") and/or my local United Methodist Church will be notified if my record disqualifies me from service in local church and annual conference and/or district activities based on the criteria set forth *above*.

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

I hereby authorize **Covenant United Methodist Church** to contact **Sterling Infosystems Inc 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 **Covenant United Methodist Church** to disclose any information obtained about me from **Sterling Infosystems Inc and any other background investigation company** to the appropriate persons of the South Carolina Conference 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** Track-1, any other background investigation company, the South Carolina Conference, and all of those entities' trustees, directors, officers, managers, employees, and agents (collectively referred to herein as the "Releases") **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.**

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

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

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

**(Release Form continuation page)**

**Required information**

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

Applicants primary physical address: (NO P.O. BOXES)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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AND RELEASE OF LIABILITY**

Social Security Number \_\_\_\_\_

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

\_\_\_\_ I have already been screened by a United Methodist church or agency

Church/agency that conducted the prior screening \_\_\_\_\_

Date of prior screening \_\_\_\_\_

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

\_\_\_\_\_  
Date

**AUTHORIZATION FOR MOTOR VEHICLE REPORT AND RELEASE OF LIABILITY**

**Person transporting children, youth, and vulnerable adults must complete and sign the following:**

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 \_\_\_\_\_

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

\_\_\_\_\_  
Date