

**Highland United Methodist Church
Personal Authorization Form**

To be accompanied by the Personal Information Form

The information contained in the Personal Information Form is correct to the best of my knowledge. I understand this information may be checked by contracting anyone or any organization listed or that may have information about me. I authorize anyone contacted to give you any information, including opinions regarding my character and fitness for work with children, youth, and vulnerable persons. I authorize the release of the information in this document to any ministry in the Church. In consideration of the receipt and evaluation of this information by the Church, I release the Church, its employees, members and volunteers, and any reference or other person or organization who provides information about me from all liability for any damages which may at any time result to me, my heirs, or my family on account of compliance or any attempts to comply with this authorization and my evaluation. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this document.

I agree to be bound by the policies of the Church, and to refrain from unscriptural, immoral, illegal, or unethical conduct in the performance of my work on behalf of the Church.

I agree to participate in training and education events provided by the Church related to my areas of work. I will immediately report inappropriate behavior, suspicious activity, observed abuse or allegations of abuse, to the pastor and my supervisor.

I HAVE CAREFULLY READ THIS AUTHORIZATION. I UNDERSTAND ITS CONTENTS AND I AM SIGNING IT OF MY OWN FREE WILL.

Signature of Applicant Date Witness

Authorization for Criminal Records Check

Every applicant, regardless of criminal record, must complete this section.

I request and authorize the release to Highland United Methodist Church of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I release all local, state, and national law enforcement agencies from all liabilities resulting from such disclosure.

Signature: _____

Print name and, if applicable, maiden name: _____

Date of Birth: _____ Place of Birth: _____

Driver's License Number & State of Issue: _____

