

Emmanuel Community United Methodist Church
Menomonee Falls, Wisconsin

Program Application

Name: _____
 First Middle Initial Last pre-married

Address: _____

Daytime phone: (_____) _____ Evening phone: (_____) _____

Date of Birth: _____ Race: _____

Social Security # : _____

Driver's License #: _____ State: _____

Please list your previous experience working with children and youth:

Have you ever been charged, convicted of, or pled guilty to a crime or felony involving sexual misconduct? yes no

If yes, please explain:

I, _____, give my permission for a duly authorized representative of Emmanuel Community United Methodist Church to request the Wisconsin Division of Law Enforcement to release information regarding any record of charges or convictions contained in its files. I understand this includes federal, state, and local files. It may include any and all crimes committed against minors. I will not hold the Wisconsin Division of Law Enforcement or Emmanuel Community UMC liable for any results that may result from the response made to this request.

Signature

date

Parent's/Guardian's signature for applicants under age 18

date

Information from the background check will be returned to a designated member of the Staff Parish Relations Committee. Information will be shared with the pastor only when it is appropriate. All information gathered on this application and through the background check will be kept completely confidential.

If you have been a member of Emmanuel Community United Methodist Church congregation less than six months, please list your previous church, church address, and pastor's name. By signing this form you are giving us permission to contact churches and pastors listed.

Thank you for your care and consideration of our congregation, our children, and our youth. We are grateful for your cooperation.

For office use:

Background check completed

Volunteer position held