

St. Paul's United Methodist Church

In order to secure the safety of our children and youth, every volunteer in a program or ministry for children and youth, regardless of their level of contact, is required to complete a civilian criminal background check. Civilian criminal background checks are completed through the following agencies: MIPSOR (Michigan Police Sex Offender Registry), ICHAT (Internet Criminal History Access Tool) and OTIS (Offender Tracking Information System). These checks must be completed every three years and will be kept confidential. There is no cost to the volunteer for these checks.

Convictions for the following crimes will prompt a determination that a volunteer does not meet the criteria to serve in youth or children's ministry.

Please answer each question, providing details and dates below:

1. Have you ever been convicted or pleaded guilty to any crime involving force or threat of force against a person? Yes No
2. Have you ever been convicted or pleaded guilty to any crime in which sexual contact is an element? Yes No
3. Have you ever been convicted or pleaded guilty to any crime involving controlled substances (not paraphernalia or alcohol)? Yes No

If you answered "yes" to any of the above questions, please provide dates and an explanation involved. An interview with the Senior Minister will be required should you answer "yes" to any question.

<u>Question No.</u>	<u>Offense Date</u>	<u>City & State of Offense</u>	<u>Details of Offense</u>
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Print your full name: _____

Print all other names used, **including maiden name and variations of given name** (i.e, Sue, Susan, Suzy):

States you have resided in the past 10 years: _____

Date of birth: _____ Gender: _____

Michigan Driver's License Number: _____

I authorize St. Paul's United Methodist Church to request and the Michigan State Police to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state or national file. I release the Michigan State Police from all liability that may result from any such disclosure made in response to this request. I understand that all information will be kept confidential.

Signature: _____ Date: _____

Disclosure and Release Form-2012
05/2012

Below – office use only

DATE _____ BY _____

ICHAT	_____
OTIS	_____
MIPSOR	_____