

**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 the **South Carolina Conference** to contact **ChoicePoint WorkPlace Solutions, Inc. d/b/a ChoicePoint** (“ChoicePoint”) 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 the **South Carolina Conference** to disclose any information obtained about me from ChoicePoint and any other background investigation company to the appropriate persons of my local United Methodist church and/or 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** ChoicePoint, 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 “Releasees”) **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 _____

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

**AUTHORIZATION FOR THE CONDUCT OF CRIMINAL RECORDS AND
BACKGROUND CHECKS AND RELEASE OF LIABILITY (continuation page)**

Date of birth _____ Place of birth _____

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

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 _____

Applicants primary physical address:

Signature of Applicant Date