



**HYDE PARK UNITED METHODIST  
BACKGROUND CHECK INFORMATION FORM**

Name \_\_\_\_\_

Position for which you are staffing/volunteering: \_\_\_\_\_

Race \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member of Hyde Park United Methodist?  No  Yes If "Yes", how long? \_\_\_\_\_

Current Address: \_\_\_\_\_

Please list all former addresses for the last five years (include street address, city, county, state, and zip):

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

Current Home Telephone: \_\_\_\_\_ Current Business Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation, current employer, and business address: \_\_\_\_\_

\_\_\_\_\_

Time at this employment: \_\_\_\_\_ years \_\_\_\_\_ months

List name and city of other churches you have attended regularly during the past five years: \_\_\_\_\_

\_\_\_\_\_

Please provide the name, phone number and email address of at least three references. You may use a pastor, employer, personal reference or volunteer leader with whom you've served:

Name	Phone	Email Address
1.		
2.		
3.		

Describe your background working with the program and/or age group requested. Include church-related, volunteer, and paid experience you may have.

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

*(See reverse of form)*

Have you ever plead 'guilty' or 'no contest' to, or been convicted of a crime?	Yes	No
Have you ever been charged with or convicted of child neglect or abuse?	Yes	No
Have any complaints or allegations of misconduct involving children ever been made against you?	Yes	No
Have you been convicted of the possession, use, or sale of drugs?	Yes	No
Within the past 30 days have you abused alcohol, legal, or illegal drugs?	Yes	No
Have you been convicted or plead guilty to a traffic offense within the last 5 years?	Yes	No

Current drivers' license number: \_\_\_\_\_

Please explain fully any Yes answers to the above questions. In addition, please explain any fact or circumstance involving your background that would call into question your being entrusted with the supervision, guidance, and care of young people. Attach additional page, if necessary.

The information that I have provided may be verified by contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information, and this release may be sent to any reference. I also agree to hold harmless Hyde Park United Methodist Church, and the officers, employees, and volunteers thereof from any use of this application or information. I waive any right that I may have to inspect references provided on my behalf. I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand it may be cause for dismissal. I understand that I am responsible for familiarizing myself with materials provided by Hyde Park United Methodist Church which describe ways to recognize child abuse and appropriate reporting procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian for Applicants Under the Age of 18

\_\_\_\_\_  
Date