MONTGOMERY
United Methodist Church
Since 1838

Authorization for Criminal Background Check

I, _____, hereby authorize Montgomery UMC to perform a criminal background check regarding any record of charges or convictions – local, state, or national. The church may perform a check annually until such time that I am no longer affiliated with the church's ministry. This is including but not limited to accusations and convictions for crimes committed against minors. I understand this information is kept confidential and is only available, on a need to know basis, to the Senior Pastor and the SPRC Chair. I understand the church will protect my personal information in a secure location.

_____ _____

Signature Date

Print full name_____

Print any other names used in the past _____

_____

Print full address:

_____

_____

Date of Birth ____/_____/_____

SSN:____-____-_____