

Adult Workers with Children, Youth and Vulnerable Adults

BACKGROUND CHECKS

Please print neatly & use ink

* Legal First Name _____ Middle Initial _____ *Last Name _____

* Address _____ (City) _____ *(State) _____ *(Zip) _____

* Phone Number (_____) _____ *Date of Birth _____ / _____ / _____ * Gender: Male Female

E-Mail Address _____

* Local Church (no initials) _____ Camp or Event _____

*** = Required Fields**

The Washington State Legislature has helped us assure security for children, youth and vulnerable adults by requiring background checks on all people who work with children, youth and vulnerable adults. The United Methodist Church supports this requirement. Because we care, we ask any adult who is providing supervision and/or leadership to complete a background check every two years. Your privacy will be protected and information only used for the purpose of completing a background check.

Please complete the following questions and attach an explanation for any “yes” answer.

- Y N 1. Have you ever been convicted of any crime against children or other persons?
- Y N 2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?
- Y N 3. Have you ever been found by a court, in a domestic relations proceeding, to have sexually abused or exploited any minor or to have physically abused any minor?
- Y N 4. a. Have you been convicted of the possession, use, or sale of drugs within the last 7 years?
b. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last 7 years?
- Y N 5. Within the past 30 days have you abused alcohol, legal or illegal drugs?
- Y N 6. Has your driver’s license been suspended or revoked within the last 7 years?
- Y N 7. Have you ever been convicted of crimes relating to financial exploitation where the victim was vulnerable adult?
- Y N 8. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?
- Y N 9. a. Have you ever been licensed by a licensing board that licenses businesses/professions?
(If yes, please answer b. and c.)
b. Have you ever been found by that licensing board, or any other disciplinary board, to have sexually or physically abused or exploited any minor or developmentally disabled person?
c. Have you ever been found by that licensing board, or any other disciplinary board, to have abused or financially exploited any vulnerable adult?
- Y N 10. Other than the above matter, is there any fact or circumstance involving you and your background that would call into question your being entrusted with the supervision, guidance and care of young people, vulnerable adults or developmentally disabled persons?

Washington Residents:

I understand that a background inquiry may be made to the Washington State Patrol. The Washington State Patrol screening shows only conviction data for crimes against persons in the State of Washington (RCW 43.43.834).

If you are under 18 years of age, a Wa state resident for less than 3 years or the resident of another state, you must provide the following for three references: (use another page if necessary)

1. _____
Name, street address, city, state, zip, day-time phone number, e-mail address (if available)

2. _____
Name, street address, city, state, zip, day-time phone number, e-mail address (if available)

3. _____
Name, street address, city, state, zip, day-time phone number, e-mail address (if available)

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.

Signature _____ Date _____

Please mail completed form to: Background Check, United Methodist Conference Office, PO Box 13650, Des Moines Wa 98198-1009