

# **Authorization for Criminal Records Check**

**For ages 18 and older, if younger see affidavit.**

I hereby authorize the Detroit Annual Conference of the United Methodist Church and its agencies to request the National Sex Offender Registry, the State of Michigan, or any other agency to release information regarding any record or convictions contained in its files, or any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release the Detroit Annual Conference, all local, state, and national law enforcement agencies or other agencies from all liabilities that may result from any such disclosure made in response to this request. *(The following information is required for the background check.)*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print applicant's full name (first, middle, and last) \_\_\_\_\_

Date of birth (mm/dd/yy) \_\_\_\_\_ Place of birth \_\_\_\_\_

Social Security number \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Camp Name: \_\_\_\_\_ Dean/Director: \_\_\_\_\_

List all addresses (including college & home) where you have lived in the last 15 years or since the age of 18, whichever is less. Include dates for each address. Use additional paper if necessary.

1. Street address, incl. apartment number \_\_\_\_\_

City, State \_\_\_\_\_ Dates \_\_\_\_\_

2. Street address, incl. apartment number \_\_\_\_\_

City, State \_\_\_\_\_ Dates \_\_\_\_\_

3. Street address, incl. apartment number \_\_\_\_\_

City, State \_\_\_\_\_ Dates \_\_\_\_\_

4. Street address, incl. apartment number \_\_\_\_\_

City, State \_\_\_\_\_ Dates \_\_\_\_\_

5. Street address, incl. apartment number \_\_\_\_\_

City, State \_\_\_\_\_ Dates \_\_\_\_\_

6. Street address, incl. apartment number \_\_\_\_\_

City, State \_\_\_\_\_ Dates \_\_\_\_\_

Please complete both sides and mail to:

**Outdoor and Retreat Ministries  
1309 N Ballenger Hwy, Suite 1,  
Flint, MI 48504**

**VOLUNTARY DISCLOSURE STATEMENT**

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle  
Home address \_\_\_\_\_  
Street Address City State Zip

Have you ever been convicted of any criminal offense? Yes No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any crime in any manner to children and/or your conduct with them? Yes No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? Yes No

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any criminal offense? Yes No  
Have you ever been charged with or convicted of child neglect, abuse or sex-related crimes? 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 of, or plead guilty to a traffic offense within the last 5 years? Yes No

Current Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_

Please explain fully any YES answers to the above questions. In addition to the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of children, youth or vulnerable adults? (use additional page if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all the above information is true and complete to the best of my knowledge.

Signature of Staff/Volunteer \_\_\_\_\_ Date \_\_\_\_\_