



## 2. CHURCH WORK HISTORY

**What church or churches have you attended in the past five years?**

Name of Church      City/State      Dates      Were you a member?

**What work did you perform that involved minors?** (List each church's name and address, type of work performed, dates, and reasons for ending your involvement in that ministry.)

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## 3. EMPLOYMENT

**Occupation** \_\_\_\_\_

**Name of present employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **Dates of employment** \_\_\_\_\_

## 4. REFERENCES

**List four personal references** (not employers or relatives)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

## 5. PERSONAL INFORMATION

Are you currently a member of McFarlin Memorial United Methodist Church? \_\_\_\_\_

What position(s) are you currently seeking or have been asked to serve in?

Please list any gifts, callings, training, education or other factors that have prepared you for children's work.

List all previous non-church work involving children or youth. Include each organization's names and address, type of work performed and dates.

Have you ever been convicted or plead guilty to a crime? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, please describe the convictions(s)

Have you ever been convicted of an offense involving a minor?

If yes, please describe the conviction(s)

Are there any facts or circumstances, including those that are physical or mental health related, involving you or your background that would call into question your being entrusted with the supervision guidance and/or care of preschoolers or children?

Were you a victim of abuse or molestation while a minor?

**If you prefer, you may discuss your answers to the above questions in confidence with the Children's Minister or you may explain below. Answering yes or leaving the question unanswered will not automatically disqualify you but will necessitate further evaluation.**

## APPLICANT'S STATEMENT AUTHORIZATION FOR CRIMINAL RECORDS CHECK

The information in this application is correct to the best of my knowledge. In making this application for employment I authorize McFarlin Memorial United Methodist Church to complete a background investigation whereby information is obtained through personal interview with my neighbors, friends, former employers, or others with whom I am acquainted. I authorize any reference, employer, church, and any other persons or agencies that may be revealed during a background investigation to release to McFarlin Memorial United Methodist Church, any information they may have regarding my character and fitness for ministry involvement, especially as it relates to children. I release all such references from liability for any damage that may result from furnishing such evaluations to McFarlin Memorial United Methodist Church. I also release McFarlin Memorial United Methodist Church, its officers, employees, and volunteers thereof from any liability from use of this application or information. I waive any right that I may have to inspect references provided on my behalf.

I agree to be bound by the Policies and Procedures of McFarlin Memorial United Methodist Church and to manifest Christian conduct in the performance of my services on behalf of the church.

I understand that this church desires to protect its children and therefore give my permission for church leadership to conduct a computerized nation-wide records check on me. I hereby grant any law enforcement agency whether local, state, or national, to release any information which pertains to any conviction records the agency has maintained on me. I hereby release said Law Enforcement Agency from any and all liability resulting from such disclosure.

I further state that **I HAVE READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

Print name \_\_\_\_\_

Street Address \_\_\_\_\_

Maiden name if applicable \_\_\_\_\_

Print all aliases \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Record sent to: **McFarlin Memorial United Methodist Church**

**P.O. Box 6390**

**Norman, Oklahoma 73070-6390**