

**DISCLOSURE, CONSENT, AND AUTHORIZATION
TO RELEASE INFORMATION**

I, _____, understand that in connection with my application for employment, promotion, or as a volunteer, a background investigation report and a consumer report may be requested. These reports may contain information as to my character, general reputation, personal characteristics, or mode of living. I hereby authorize Gulf Breeze United Methodist Church (GBUMC), itself or by and through its authorized agents TRAK-1 and Landrum Professional Services, Inc., to request the release of information to the fullest extent permitted by state and federal law regarding any record of criminal charges or convictions maintained on me, whether that information or record is in a local, state, or national file or record, and including but not limited to accusations and convictions for crimes committed against minors. I also hereby authorize and request any former employer, school or higher education institution, law enforcement agency, government agency or other persons having personal knowledge about me to furnish GBUMC, TRAK-1, and/or Landrum Professional Services, Inc. with any and all information in their possession regarding me. I also do release the information or record holder from all liability that may result from any such disclosure made in response to this request.

I also hereby give my consent to GBUMC, TRAK-1, and/or Landrum Professional Services, Inc. to inquire into and/or obtain any records such as and pertaining to previous employment, references, educational, motor vehicle records, worker compensation, drug and alcohol results, credit and criminal histories, and also to request and obtain criminal background, driver's license, and motor vehicle records about me.

I also acknowledge and agree that a photocopy, fax, or electronic/PDF copy of this authorization can be accepted with the same authority as the original. I acknowledge that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

I understand that my authorizations and consents given herein will apply throughout my employment or volunteer status with GBUMC. I have read and understand this disclosure, consent, and authorization form.

Signature of applicant: _____ Date: _____

Print Applicant's name (first, middle, maiden, last): _____

Print all other names or nicknames that have been used by Applicant (if any): _____

Date of Birth (mm/dd/yyyy): _____

Place of Birth: _____

Social Security Number: _____

Driver's license number: _____

State issuing license: _____

Current Address	City/State	Zip Code	County	Length of Time at This Address
-----------------	------------	----------	--------	--------------------------------

Previous Address	City/State	Zip Code	County	Length of Time at This Address
------------------	------------	----------	--------	--------------------------------

Next Previous Address	City/State	Zip Code	County	Length of Time at This Address
-----------------------	------------	----------	--------	--------------------------------

Next Previous Address	City/State	Zip Code	County	Length of Time at This Address
-----------------------	------------	----------	--------	--------------------------------

Next Previous Address	City/State	Zip Code	County	Length of Time at This Address
-----------------------	------------	----------	--------	--------------------------------

Next Previous Address	City/State	Zip Code	County	Length of Time at This Address
-----------------------	------------	----------	--------	--------------------------------

Next Previous Address	City/State	Zip Code	County	Length of Time at This Address
-----------------------	------------	----------	--------	--------------------------------

[Please provide all your addresses for the past ten (10) years, using additional sheets if necessary.]

**GULF BREEZE UNITED METHODIST CHURCH
SAFE SANCTUARIES PARTICIPATION COVENANT**

Gulf Breeze United Methodist Church (GBUMC) and its congregation are committed to providing a safe and secure environment for all children, youth, at-risk or vulnerable adults, and volunteers who participate in ministries and activities sponsored by GBUMC. The following policy statements reflect the commitment of GBUMC and its congregation to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

- Adults who have been convicted of child abuse of any kind are not allowed to volunteer for work with children or youth in any church-sponsored activity.
- Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his or her willingness with one of the church's ministers before accepting an assignment.
- All volunteers must have demonstrated an active relationship in the local church where service will occur for a minimum of six months prior to being permitted to service as an authority figure.
- Adult volunteers with children and youth or at-risk or vulnerable adults shall observe the "Two-Adult Rule" at all times so that no adult is ever alone with children or youth or at-risk or vulnerable adults.
- Adult volunteers with children and youth and/or at-risk or vulnerable adults shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding abuse of child, youth, and at-risk or vulnerable adults.
- Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please mark each of the statements "Yes" to which you will commit:

- _____ 1. As a volunteer in this congregation, I agree to observe and abide by all church policies regarding working in ministries with children and youth.
- _____ 2. As a volunteer in this congregation, I agree to observe the "Two-Adult Rule" at all times.
- _____ 3. As a volunteer in this congregation, I agree to abide by the six-month rule before beginning a volunteer assignment.
- _____ 4. As a volunteer in this congregation, I agree to participate in training and education events provided by the church related to my volunteer assignment.
- _____ 5. As a volunteer in this congregation, I agree to promptly report abusive or inappropriate behavior to my supervisor.
- _____ 6. As a volunteer in this congregation, I agree to discuss with a minister of this congregation my experience, if any, as a survivor of child abuse.
- _____ 7. As a volunteer in this congregation, I agree to inform a minister of this congregation if I have ever been convicted of child abuse.

After reading this participation covenant, I agree to abide by the policies set forth above.

_____ Full Name of Volunteer (Print)

_____ Signature of Applicant

_____ Date of Signature

Address (Including City, State, and ZIP): _____

Phone: _____

Email Address: _____

Date of Birth: _____