

PRESBYTERY OF WEST VIRGINIA (Only Adults Need to Complete)
INFORMATION FORM FOR WORKERS WITH
CHILDREN, YOUTH AND PERSONS WITH DISABILITIES

1. Name (last, first, middle, maiden name) _____

If you have ever used another name, please indicate the name and the time period(s) used: _____

Current Address: _____

How long have you lived at this address: _____

How long have you lived in West Virginia: _____

Gender: M ___ F ___ Birth date: _____

Home Phone: _____

Place of Employment: _____

Work Phone: _____

2. *(skip number 2 if your position does not include driving)*

Driver's License Number: _____

Have you ever had your driver's license suspended or restricted for any reason? _____ If yes, please describe the dates and reasons for each such occurrence on the back.

3. Please answer the following questions:

Name of church in which you participate _____

How long have you been regularly participating _____

Are you a member? _____ Date you became a member? _____

4. Have you served as a volunteer at any church in the past ten years? If so, please state the name and address of the church, the pastor of the church, the time period(s) of your volunteer work and describe generally the nature of your volunteer work:

5. Have you served as a volunteer for any civic organization in the past ten years? If so, please state the name and address of that organization, the person overseeing the volunteer work the time period(s) of your volunteer work and describe generally the nature of your volunteer work. Please indicate which organizations involved working with children and youth.

6. Have you ever been arrested, charged, indicted or convicted for any criminal offense (misdemeanor or felony) other than a traffic violation? _____ (If yes, please explain on the back.)

7. Have you ever been subject to any disciplinary action, complaint or allegations that you violated any employer's or any organization's policy concerning sexual misconduct?
_____ (If yes, please explain on the back.)

8. References: Please list the names, addresses, occupations, and telephone numbers of three people who are not related to you who are familiar with your character and abilities. References will be contacted.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Work Phone</u>	<u>Home Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. I understand and agree that:

- a. All Information that I have provided may be verified. I agree to release from liability any person or organization that provides information concerning me, including these persons I have listed as references. I understand and agree that any information received will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.
- b. By signing this form, I certify and affirm that the information I have given is true, complete, and correct in all respects.
- c. I have read, understood and agree to abide by the Statement of Policies and Procedures for the Protection of Children, Youth and Persons with Disabilities of the Presbytery of West Virginia.
- d. I have completed the release of information form.

Signature: _____ Date: _____

This form is confidential and will be kept in a locked file.

BACKGROUND CHECK CONSENT FORM

Applicant should complete all relevant information and sign and date the form

PLEASE WRITE LEGIBLY!

Applicant's Name (Printed): _____
FIRST MIDDLE LAST

Maiden Name: _____

Other Names Used: _____ Telephone: _____ Gender: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

*NOTE: The above information is **required** for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Presbytery of West Virginia abides by all applicable state and federal employment laws.

ADDRESSES (for the past 5 years)

Present Address: _____

City: _____ State: _____ Zip: _____ County: _____

How long have you lived at this address? _____

Former Address: _____

City: _____ State: _____ Zip: _____ County: _____

How long did you live at this address? _____

Former Address: _____

City: _____ State: _____ Zip: _____ County: _____

How long have you lived at this address? _____

MOTOR VEHICLE RECORDS

Name as it appears on License: _____

Driver's License Number: _____ State of License: _____

I, _____, hereby authorize Presbytery of West Virginia, and/or their agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with the Presbytery of West Virginia.

VOLUNTARY DISCLOSURE STATEMENT: Have you ever been arrested, charged, or convicted of any criminal offense, misdemeanor or felony, other than a traffic violation? ____ Have you ever been subject to any disciplinary action, complaint, or allegation that you violated any employer's or organization's sexual misconduct policy? ____

(If you answered yes to either question, please submit a type-written explanaiton along with this form.)

I release Presbytery of West Virginia and their agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used. The name above is my true and complete legal name and all information provided above is true and correct to the best of my knowledge:

Signature of Applicant

Date