



Use BLACK INK to Complete

MISSOURI CONFERENCE
THE UNITED METHODIST CHURCH
3601 Amron Court
Columbia MO 65202
Fax: 866-805-0270

APPLICATION FORM

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

MAIDEN NAME/USE NAME _____ **M** - **F** BIRTHDATE ____/____/____

EMAIL: _____ PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

CHURCH I ATTEND: _____ # OF YEARS: _____ OVER 19 YEARS OLD? _____

STATEMENT OF DISCLOSURE

1. Have you ever been charged or convicted of, or admitted to any crime against children or any other persons?.....Yes No
2. Have you ever been charged or convicted of, or admitted to have sexually assaulted or exploited any minor?.....Yes No
3. Have you ever been charged or convicted, or admitted in a court in a domestic relations proceeding to have sexually abused or exploited any minor, or to have abused any minor?.....Yes No
4. Have you been charged or convicted of, or admitted to the possession, use, or sale of drugs within the last 7 years?.....Yes No
5. Have you been released from incarceration for a conviction of the possession, use, or sale of drugs within the last 7 years?.....Yes No
6. Within the past 30 days, have you abused alcohol, legal, or illegal drugs?.....Yes No
7. Have you been charged or convicted of, or admitted to any other felonies?.....Yes No
8. Has your driver's license been suspended or revoked within the last five years?.....Yes No
9. Have you ever been charged or admitted to or found by a court to have abused or financially exploited a vulnerable adult in any administrative or legal proceeding?Yes No
10. Have you ever been charged or admitted to or found by a board that licenses businesses/professions, or any other disciplinary board, to have sexually or physically abused or financially exploited any minor or vulnerable adult?.....Yes No
11. List the county where you have lived the longest as an Adult:
County _____ State _____
12. Have you lived in a state other than Missouri in the past 7 years? Yes No
 - a. If **yes**, list the states _____

I affirm that all information provided on this form is accurate to the best of my knowledge. I understand that by making this application I am waiving any right I may have to inspect or copy any information which the Certifying Authority may use to make its determination. I further understand that the Certifying Authority will only tell me whether my application had been approved or disapproved, and that it has no obligation to disclose to me any of its reasons for the decision it makes, nor do I have any right to learn the basis for the decision which the Certifying Authority makes. I understand that the information from this review process may be shared with my local pastor. The Certification Authority has the right to revoke certification according to the policy guidelines.

Signature

Date