Use BLACK INK to Complete

AUTHORIZATON FOR NATIONAL BACKGROUND SCREENING

I consent to having the Missouri Conference of the United Methodist Church (the "conference") conduct an investigation into my personal background, including a search of any criminal justice system records, for the purpose of reviewing whether I should be permitted to work with children, youth, or adults with disabilities (e.g., physical, mental or developmental) in the ministries of my local congregation or of the conference level. I hereby authorize the employees of the Missouri Conference of the United Methodist Church to obtain this information for the purposes described, and to share with my local congregation, a background report containing the information from LexisNexis, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to LexisNexis within a reasonable time after I execute this authorization.

By this Authorization for National Background Screening, I hereby forever release, discharge, exonerate, hold harmless and indemnify LexisNexis, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from LexisNexis, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of LexisNexis, unless such release is determined to violate the public policy of the state in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

_____ _____

DATE **APPLICANT'S SIGNATURE**

Printed Name: _____ _____ _____

FIRST **MIDDLE** **LAST**

Social Security Number: _____ **Birth date:** _____

Address: _____

City/State/Zip: _____

Safe Sanctuaries Office
3601 Amron Ct, Columbia, Missouri 65202
Fax: 573-442-8962
www.moumethodist.org