

Ministry Candidate:

The 2006 Annual Missouri Conference adopted a task force report entitled, "Highest Ideals." The report embraces the policy of the Board of Ordained Ministry in requiring a "satisfactory standardized background check when any person initially seeks to serve in a pastoral role in the local church or extension ministry."

In order to begin ministry through an appointment or assignment of a ministerial position in the Missouri United Methodist Conference, the attached request for a credit report, motor vehicle report and background screening must be completed. This is a national screen that identifies federal criminal history, credit reporting and motor vehicle records. Also included in this packet is our Sexual Ethics policy and Highest Ideals brochure which outlines expectations and accountability for clergy relations.

In order to fulfill that requirement, please complete the enclosed questionnaire and authorization forms. Please return the completed documents to the Missouri United Methodist Conference, 3601 Amron Court, Columbia, MO, 65202, Attn: Jenny Gragg.

Upon receipt of completed forms, we will run the credit report, motor vehicle check and federal criminal history and provide a report to your district committee on ordained ministry. This background check will be used as one of several assessment tools. This background check is separate and does not satisfy the requirements of Safe Sanctuaries. You may complete the Safe Sanctuaries certification by accessing the conference website, www.moumethodist.org/safesanctuaries.

Thank you in advance for your cooperation. If you have any questions, please contact Jenny Gragg, Conference Candidacy Coordinator, at jgragg@moumethodist.org or 573-441-1770.

Consent, Release and Waiver of Access to Candidacy Assessment Results

I am applying to the Missouri Annual Conference of the United Methodist Church (the "Conference") for consideration as a candidate for licensed or ordained ministry, following which, I wish to be appointed by the Conference's resident Bishop and Cabinet. I understand that as part of that process, the Conference, through its Board of Ordained Ministry and District Committees for Ordained Ministry conducts certain screening activities. These activities include, but are not limited to medical screenings, credit checks, psychological assessments, background checks, interviews, written examinations/essays and other miscellaneous assessments (all screening activities, whether listed or not, referred to as the "Screening").

As part of the Screening, I authorize former and present employers, work and personal references I provide, and any other individuals I may name, to give the Conference or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Conference. I also authorize the Conference to provide truthful

information concerning my appointments to future employers or other United Methodist Annual Conferences and I agree to hold it harmless for providing such information.

I understand that the Conference reserves the right, to the extent permitted by law, to require the Screening and I hereby give my consent to any such tests the Conference deems necessary for Screening. I consent to the release of the results of any such tests, including those generated by psychiatrists, medical doctors or other medical professionals, to the Conference or its designee. I also agree to sign any additional consent, release or waiver as may be required by the Conference or its third party contractors and designees. I also authorize the Conference, prior to and at any time during my appointment to one of its local churches, to conduct a criminal background check on me. I understand that as a condition of any appointment and without limiting any waiver which I may have signed, I will also be required to submit to the Conference's program for boundaries training and to successfully complete the Conference's "Safe Sanctuary" (abuse prevention) training and certification process, including any additional background screens. I specifically waive any right of access I may have to the results of any Screening results, including those conducted directly by the Conference or provided directly to the Conference by third parties.

I understand that my application and any other Conference documents are not promises of any particular appointment or employment, and except as otherwise limited by law or contract with third parties, that once in the Conference's possession become the property of the Conference. I understand that neither the Conference nor its Bishop have any obligation to guarantee any particular appointment or any appointment at all, except as otherwise provided in the Book of Discipline of the United Methodist Church, and that the Screening may be used to evaluate my fitness and qualification for appointments even beyond my candidacy.

The information given by me with respect to my application to licensed or ordained ministry and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the Conference's judgment) that I will be subject to immediate discontinuance as a candidate or, if already credentialed, subject to the supervisory processes as outlined in the Book of Discipline, including, without limitation, those related to involuntary leave and the loss of credentials.

DO NOT SIGN UNTIL YOU READ AND UNDERSTAND THIS STATEMENT

Candidate (printed full name): _____

Signature: _____ Date: _____

Missouri Annual Conference Board of Ordained Ministry Screening Questionnaire

Please return this questionnaire to:

Missouri United Methodist Conference
 3601 Amron Court
 Columbia, MO 65202
 Attn: Jenny Gragg
 Board of Ordained Ministry Applicant Questionnaire

Full Legal Name: _____

Male: _____ Female: _____ Birth date: _____ Over 18 Years Old? _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Home Church: _____ # of Years: _____

District: _____ E-mail: _____

Please answer each question. If you answer yes to any of the following questions, please indicate the question number and provide relevant information regarding your response and indicate resolution of the issues if any, at the end of this questionnaire. *Note: throughout this document, "charged" indicates allegations made in writing and known to you.*

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, education or training institution?	Yes	No
a. Have there been written complaints against you that did not result in discipline?	Yes	No
b. Are there complaints pending against you before any of the above-named bodies?	Yes	No
2. Have you ever been subjected to church disciplinary proceedings?	Yes	No
3. Have you ever been terminated by a training program or employer?	Yes	No

4. Have you ever had a civil suit brought against you relative to your professional work or is any such pending?	Yes	No
a. Have you ever had professional malpractice insurance suspended or revoked for any reason?	Yes	No
5. Have you ever been charged with any ethics violation or are any such actions pending against you?	Yes	No
6. Have you ever been charged with having sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were seeing in a professional context (e.g. a parishioner, client, patient, subordinate, student or an employee)?	Yes	No
7. Since the age of 21, have you ever been charged with engaging in sexual behavior (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age?	Yes	No
8. Have you ever been charged with the production, sale or distribution of pornographic materials?	Yes	No
9. Have you ever been charged or adjudicated with sexual misconduct, including:	Yes	No
a. Abuse of power or role for sexual purposes	Yes	No
b. Sexual contact with a minor or a vulnerable adult	Yes	No
c. Sexual assault (e.g. rape)	Yes	No
d. Solicitation for sexual purposes (e.g. prostitution)	Yes	No
e. An offense related to pornography or public indecency (e.g. indecent exposure)	Yes	No
10. Have you ever been charged with an offense related to sexual harassment, including unwelcome	Yes	No
a. Suggestive looks or leers	Yes	No
b. Unsolicited touching or closeness	Yes	No
c. Attempts to fondle or kiss	Yes	No
d. Sexually comments, teasing, or telling of jokes with sexual content	Yes	No
e. Letters, calls, or materials of sexual nature	Yes	No
f. Pressure for dates or activities with a sexual overtone	Yes	No
g. Offer to use influence in return for sexual favor	Yes	No
h. Attempted sexual assault or rape	Yes	No
i. Sexual assault or rape	Yes	No
11. Do you have a history of alcohol abuse?	Yes	No
12. Do you have a history of drug abuse with any other drugs: recreational, prescription, over-the-counter, or illicit?	Yes	No
13. Have you ever been legally charged, arrested, or convicted of any felonies or misdemeanors?	Yes	No

a. Have you ever been legally charged with DWI?	Yes	No
b. Has your driver's license ever been revoked or suspended?	Yes	No
14. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like?	Yes	No
a. Have you ever had your parental rights restricted, suspended or terminated or have any of your children been put into foster care?	Yes	No
15. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any professional capacity?	Yes	No

Comment Section, as related to questions answered with a "yes." (Continue on the back of this page if necessary)