Background Check Release for Persons Seeking Privilege of Call Status in the Southern California Nevada Conference

Full Name (Last, First Middle):	
Other names used (ex. maiden name):	
Social security number:	Date of birth:
Present Address (Street, City, State, Zip):	
Home Phone:	Cell Phone:
Email:	
Gender (as it is on file with the US Social Secur	rity Administration):
require honesty, integrity and truthfulness for information set forth in this application is true omission may be grounds for rejection of considering the ministry. I acknowledge that it is my duty in a second control of the contro	ome candidates for authorized ministry in the Conference the health of the Conference. To that end, I attest that the and complete. I understand that any misrepresentation or deration for, or termination of, my process for authorized timely fashion to amend the responses and information I have r information was incorrect when given or, though accurate longer accurate.
continuing and healthy covenant between cand organization they seek to serve. To that end, I regarding my character and qualifications, inclall entities, persons, former employers, supervespond to inquiries concerning me, to supply on and state opinions regarding my background	ange of relevant information builds the foundation for a lidates, committees, staff, and volunteers and the authorize the Conference and/or its agents to make inquiries uding all statements I have set forth above. I also authorize isors, courts, law enforcement and other public agencies to verification of the statements I have made, and to comment I, character, and qualifications. To encourage such persons hereby release them from all liability arising from their
independent investigation of my background, re history, adult criminal or police records, and m public and private organizations and all public	nference (THE PRINCIPAL) and/or its agents to make an eferences, character, past employment, education, credit notor vehicle records including those maintained by both records for the purpose of confirming the information other information which may be material to my qualifications enure of my service with them.
entity, which provides information pursuant to	Board and THE PRINCIPAL and its agents and any person or this authorization, from any and all liabilities, claims or law any and all of the above referenced sources used.
Signature of the Candidate:	Date
Name of the Candidate:	

Appendix D

Please follow these directions for filing this form:

1. While working with the Local Church Discernment Committee, the candidate should complete and send this form and the information below to Virginia Arroyo in the Conference Office, arroyo@scncucc.org. Payment in the amount of \$11 may be made on the conference website to cover the expense of the background check. Upon receiving both the form and the payment, the Conference Office will ensure the background check is completed. The completed report will be sent to the Local Church Discernment Committee chairperson.

Name of the Local Church:
Name of the Local Church Discernment Committee Chairperson:
Email of Local Church Discernment Committee Chairperson:
Local Church Pastor's Name (if the candidate is not the Pastor):
Local Church Pastor's Email (if the candidate is not the Pastor):
2. Also provide one copy of this completed form to the Local Church Discernment Committee. This form and the resulting report should be kept in the candidate's file assembled by the Local Church Discernment Committee. At the time the Local Church files the Request for Privilege of Call Status (Appendix A), submit this form, the results, and the rest of the candidate's file alongside the request.
For conference office use only. Criminal Background check performed on:
Copy of the report sent to the Local Church Discernment Committee Chairperson on: