



## Safe Sanctuary Screening Form Florence United Methodist Church

This form is required by the United Methodist Conference for all staff and volunteers who have regular contact with children, youth and vulnerable adults.

**Full Legal Name** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt/Unit #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Experience/Qualifications for volunteer position** \_\_\_\_\_

\_\_\_\_\_

**Former Names (AKA maiden, surnames, etc):**  
\_\_\_\_\_

**Have you ever participated in, been accused or convicted of, or pleaded guilty or no contest to any abuse or sexual misconduct?** \_\_\_\_\_

**Voluntary Disclosure of Past Criminal History:** \_\_\_\_\_

**Waiver of Confidentiality:**

**Your Signature below gives Florence UMC permission to secure the necessary background checks and references:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Drivers License:** \_\_\_\_\_

**List 2 Non Relative References: Name/Address & Phone Number:**

1. \_\_\_\_\_

2. \_\_\_\_\_

\*These forms/ background check results will remain securely locked and only accessed by the senior pastor or office manager