TRINITY UNITED METHODIST CHURCH
BACKGROUND CHECK RELEASE FORM
FOR STAFF, VOLUNTEERS, and MISSIONERS
for ***NEW*** background checks

FULL NAME: (please print)_____ _____ _____
FIRST **MIDDLE** **LAST**

SOCIAL SECURITY #_____-_____-_____ **Date of Birth:**_____/_____/_____

- I give permission Trinity United Methodist Church to perform a background check in order to be considered for a paid or volunteer staff position in ministries including but not limited to ministries that involve Trinity children, youth, and adults, Family Promise participants, Trinity Preschool students, Mission Trip participants, etc.

- If a Trinity Member is/has been a participant on an UMVIM Mission trip, and has done their background check through the SC UMC Conference Office, please note that below as we can accept that background check as a valid one.

- All information received from the background check will be confidential.

- After the background check is complete, the last four digits of the social security number will be blotted out for security purposes.

- Background checks will be re-done every three years.

- Trinity Members will be notified when their background check expires and a new one must be run.

____ I had a background check done within the last three years of today's date by the SC UMC Conference in order to participate on an UMVIM Mission Trip.

Month and Year when background check was done_____

____ I have had CPR (_____), First Aid (_____), and AED training (_____).
Date Date Date

TODAY'S DATE:_____

SIGNATURE:_____

***ADDRESS:**_____**ST**_____**ZIP**_____

***EMAIL ADDRESS:**_____

*Please list one address or the other as is your preference should anything appear on your report. If something appears on your report, we are required to provide either the US Mail address or an email address to our background checks' provider so that they can send you a copy of your report. Thank you! (rev. 12/17)