

**WESTERN NORTH CAROLINA ANNUAL CONFERENCE
THE UNITED METHODIST CHURCH**

AUTHORIZATION FOR BACKGROUND CHECK

I understand that the Western North Carolina Annual Conference of The United Methodist Church (hereinafter the "Conference") requires a background check of all persons seeking certification, licensing, commissioning, ordination, appointment, and/or employment in the Conference. I understand that the background check may include the gathering of such information as consumer credit reports; county, state, and/or federal criminal records; Department of Motor Vehicle records; records of judgments and/or liens; educational history; employment history; or other information. I understand that information which reflects my past activities may be requested from various federal, state, local, and other agencies. I understand that information which I have provided to the Conference may be verified by contacting persons and organizations with whom/ which I have had contact or who/which may have information concerning me.

I hereby authorize the Conference to conduct a background check consisting of, without limitation, the above-described information. I also authorize, without reservation, any person, agency, or other entity contacted by or on behalf of the Conference to furnish the above-described or similar information.

I hereby waive any and all causes of action that I may have against the Conference, its members, employees, and agents, and any person, agency, or other entity providing information in connection with the background check, for libel, slander, defamation, intentional or negligent infliction of emotional distress, or for any other injury of any kind or nature caused by the gathering or supplying of the above-described or similar information.

I agree that all materials pertaining to the background check shall be the property of the Western North Carolina Annual Conference of The United Methodist Church. I authorize all such persons to treat a photocopy of this authorization as though it were an original, executed authorization.

Print or Type Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

District with which affiliated: _____

Signature: _____ Date: _____

Please send signed copy of this form AND accompanying Kroll Background America form to your district office.