

Background Check Release for Persons Seeking Privilege of Call Status in the Iowa Conference UCC

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 Security Administration): _____

The covenants between persons seeking to become candidates for authorized ministry in the Conference require honesty, integrity and truthfulness for the health of the Conference. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, my process for authorized ministry. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between candidates, committees, staff, and volunteers and the organization they seek to serve. To that end, I authorize the Iowa Conference and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments and statements.

I authorize The Iowa Conference (THE PRINCIPAL) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my service with them.

I release the United Church of Christ Insurance Board and THE PRINCIPAL and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

Signature of the Candidate: _____ Date _____

Name of the Candidate: _____

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 the CCAM Registrar, c/o Iowa Conference, 5609 Douglas Avenue, Des Moines, IA 50310. Include also a check made out to the “Iowa Conference” in the amount of \$8 to cover the expense of the background check or submit the payment online. Upon receiving both, the Registrar 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: _____