Michigan Conference of the United Methodist Church Board of Ordained Ministry Background and Credit Check Authorization Form

The United Methodist Church (UMC) requires criminal background and credit checks for all those seeking appointments in the UMC. Per *The Book of Discipline of the United Methodist Church* – 2016, everyone who applies for Certified Candidacy (\$\mathbb{P}\$310.2.b), License for Pastoral Ministry (\$\mathbb{P}\$315.6.a), Provisional Membership (\$\mathbb{P}\$324.12), or transfer from another denomination (\$\mathbb{P}\$347.3), is required to complete these reports.

Please complete the information below:

I hereby authorize a First Advantage Background and Credit Check and an MSP-iCHAT Screening, on behalf of the Michigan Conference, to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicar	nt Signature			
(If submitting by email, ty	ped full legal name	is accepted.)		
United Met	hodist Church		District	
(where your m	embership is held)			
Today's Date				
Current Legal Name				
	First	Middle	Last	
How long have you had th	e current legal name	e listed above?		
If applicable, please provide	de your maiden nam	e		
First		Middle	Last	
If applicable, please provide	de any other previou	s legal name(s):		
First, Middle, Last				
Gender:		Ethnicity:		
Email:				
Email		Dhomo		

Social Security Number:	Date of Birth:
Current Home County:	
	nt address?
If you have lived at the above address for	or five years or less, please provide your previous address:
If you reside in California, Minnesota, New Yor Michigan Conference (see contact information	rk, Oklahoma, Oregon, or Washington, please contact Debbie Stevenson at the below).
Please check the reason you are comp	oleting this form:
I am planning to attend the Candidac	cy Summit (No payment required.)
I am a Candidate for Associate Mem payment made payable to Conference	nber, Provisional Membership or Full Membership (<i>Please include \$30 Treasurer</i>)
•	Elder, Deacon, Local Pastor or clergy from another conference or ment made payable to Conference Treasurer)
District Office to determine if they will	n the District named on the other side of this form (Please contact your leave the cost of the background check. If you are responsible for this amount of \$30 made payable to Conference Treasurer with your
Former Local Pastor seeking short te Conference Treasurer)	erm appointment. (Please include \$30 payment made payable to
Other	(Please include \$30
payment made payable to Conference	Treasurer)
Please mail your completed authorization	on and applicable payment to:
	Michigan Conference Center Board of Ordained Ministry

Michigan Conference Center Board of Ordained Ministry Debbie Stevenson 1011 Northcrest Rd. Lansing, MI 48906

If you have any questions, please feel free to email <u>dstevenson@michiganumc.org</u>.

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