

**First United Methodist Church of Winter Park
AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK**

I, _____, HEREBY AUTHORIZE the First United Methodist Church to request any local, state or federal law enforcement department or agency to release information regarding any record of any investigations, charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed, against minors, to the fullest extent permitted by local, state and federal law. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application.

You are authorized to rely upon a photocopy or fax copy of this document.

Signature of Applicant

Date

Print applicant's full name: _____

(First)

(Middle)

(Maiden)

(Last)

Print all other names that have been used by applicant (if any):

Current street address: _____

City/State: _____ Zip: _____ Home Phone: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State of issue: _____

License expiration date: _____

In what Ministry area(s) are you interested in serving? Please check all that apply:

- | | | |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Missions | <input type="checkbox"/> Student |
| <input type="checkbox"/> Congregational Care | <input type="checkbox"/> Music | <input type="checkbox"/> Other |
| <input type="checkbox"/> Family Life | | _____ |

Please mail or deliver in person to:

First United Methodist Church of Winter Park
Attn: Carrie Fugett
125 N. Interlachen Ave.
Winter Park, FL 32789