

Phone: 517-534-6587

Annual Disclosure Statement for Employees and Volunteers (REV 11/2020)				
For:	(name)			
This form must be completed/updated on an ANNUAL basis by both returning or prospective volunteers and employees.				
Have you ever been convicted of any criminal offense?	□ Y	⁄es		No
Have you ever been charged with or convicted of child neglect, abuse or sex-related crimes?	□ \	⁄es		No
Have any complaints or allegations of misconduct involving children ever been made against you?	□ \	⁄es		No
Have you ever been convicted of any crime in any manner to children and/or your conduct with them?	□ \	⁄es		No
Have you been convicted of the possession, use, or sale of drugs?	□ \	⁄es		No
Within the past 30 days have you abused alcohol, legal or illegal drugs?	□ \	⁄es	_ l	No
Have you been convicted of, or plead guilty to a traffic offense within the last 5 years?	□ \	⁄es		No
Have you ever been convicted of any crime including but not limited to: (Check the box to indicate yes.)		Indece Fourte		assault and battery on a child under
Are there any facts or circumstances involving you or your background that would call into question your being trusted with supervision, guidance and care of children, youth or vulnerable adults? Please explain below. If you checked yes to any of the questions, please explain below.		☐ Indecent assault and battery on a mentally challenged or developmentally disabled person		
		Rape	ngeo	a or developmentally disabled person
		☐ Rape of a child under sixteen with force		
		☐ Assault with intent to commit rape		
		☐ Kidnapping of a child under sixteen with intent to commit rape		
		☐ Distribution and trafficking of narcotics or other controlled substances		
		Intent	to c	commit any of the above crimes
The following questions are required for authorization to perform a background search by MAUMC staff				

(continued) FOR: Please type your full name, including middle initial, And all other names used previously (including maiden Name). Type each name on a separate line: Sex: □ Male □ Female Date of Birth: Race/Ethnic Group: □ White □ Asian ☐ Hispanic ☐ Native American □ Black □ Other Reason for search: I am a returning or □ Volunteer □ Prospect applicant □ Returning Employee/Volunteer prospective volunteer (check one) Name of camp (location) you wish to work: □ Wesley Woods
□ Lake Michigan **□** Administration □ Lake Huron I hereby authorize Michigan Area United Methodist Camping to request the Michigan State Police Department and the State of Michigan to release any record of charges or convictions contained in its files, or in criminal file maintained on me, whether said crimes committee against minors to the fullest extent permitted by state and federal law. I do release said Police/Sheriff department or other agencies from all liability that may result from any such disclosure made in response to this request. Signature: (full name) Date:

Annual Disclosure Statement for Employees and Volunteers/Authorization for Background Search