

# WISCONSIN CONFERENCE - UNITED CHURCH OF CHRIST

## Covenant of Relationship for People working with Children and Youth

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Name \_\_\_\_\_

Address/P.O. Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Church \_\_\_\_\_

Please check one:  Volunteer  Commissioned/Ordained Minister

Professional Educator  Other \_\_\_\_\_

### Covenant of Relationship

Because God calls us to be a community of faith, and leaders in Christ's church, I covenant with God and all persons participating in the events sponsored by the Wisconsin Conference United Church of Christ, its Associations, to conduct myself in a manner that promotes the well-being of the various faith communities that I will serve on behalf of the Wisconsin Conference UCC. As a part of this covenant, I agree to participate in activities with the children and youth in my charge, to extend genuine care and concern to all participants while maintaining healthy and appropriate relationship boundaries, and to treat all people with dignity and respect.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization for Background Check

As part of our dedication to ensure the safety of children and youth while they are in our care, we ask all adults providing supervision and/or leadership for Conference events to give permission for a background check to be completed.

Gender  Male  Female Race \_\_\_\_\_

I have a valid driver's license  True  Not True

State where driver's license was issued \_\_\_\_\_

Driver's license number and expiration date \_\_\_\_\_

Social Security number \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Any other names you have used in the past (maiden, married, etc..) \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the Wisconsin Conference UCC to complete a criminal background check in order to investigate the possibility of any present or past criminal actions that may be on file with relevant county, state, and/or national government agencies on my behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Statement of Disclosure

Our task is to ensure the safety of young people while they are in our care. We ask all adults providing supervision and/or leadership for Conference events to provide the following background information. This form is based on State of Wisconsin Department of Health and Family Services Form HFS-64A.

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1. I have never been found guilty, pled guilty or no contest to a criminal charge in federal, state, local, military or tribal court (not including acts of civil disobedience for justice issues).  True  Not True
2. No civil lawsuits alleging actual or attempted sexual discrimination, sexual harassment, sexual exploitation, sexual misconduct, physical or emotional abuse, or financial misconduct, has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired.  True  Not True
3. I have never terminated my employment, professional credentials or service in a volunteer position, or had any of these terminated by my supervisors for reasons relating to allegations of actual or attempted sexual discrimination, sexual harassment, sexual exploitation, sexual misconduct, physical or emotional abuse, or financial misconduct.  True  Not True
4. I have not been arrested or convicted of the possession, use or sale of drugs within the last 7 years.  True  Not True
5. I have not abused legal or illegal drugs, or alcohol within the past year.  True  Not True
6. My driver's license has not been suspended or revoked within the last 7 years due to reckless driving or driving while intoxicated and/or under the influence of a controlled substance.  True  Not True
7. There are not other facts or circumstances involving my present or past actions that would call into question my being entrusted with leading and supervising children and/or youth.  True  Not True

If you answer "not true" to any of the above statements, please attach a short explanation of any charges, lawsuits, reasons for termination, dates, nature and place of the incident(s) leading to these, locations where any charges were filed, names and addresses and phone numbers of any employers and/or supervisors involved in terminations, and any other information you feel important to add to help us most fully understand your background.

I, \_\_\_\_\_, have truthfully completed this form, thus providing the Wisconsin Conference United Church of Christ with accurate and honest information regarding my present and past actions.

Signature

Date

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