

# Jesse Lee Memorial United Methodist Church

## BACKGROUND VERIFICATION DISCLOSURE

I agree that volunteering to work with children and youth at Jesse Lee Memorial UMC requires compliance with the Jesse Lee Memorial United Methodist Church Safe Sanctuaries policy. I hereby authorize Lexis Nexis, on behalf of Jesse Lee Memorial United Methodist Church, to procure a criminal record background report.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Jesse Lee Memorial will provide you with a copy of your background check and will retain a copy in a secure location. Only the designees of the Board of Trustees will have access to your report.