

**SAFE SANCTUARY COMPLIANCE FORM
FOR EMPLOYEES AND VOLUNTEERS**
Wheeler United Methodist Church
Blountville, Tennessee

Full Name: _____

**Maiden or other name(s)
used in any and all other records of birth or records of residence:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Driver's License No:** _____ **State:** _____

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including, but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? No Yes

If yes, please explain. _____

Waiver and Consent

I, _____ (Name), hereby certify that the information I have provided here is correct. I authorize the church to conduct a criminal records check of my background and grant permission for the proper governing authorities to provide that information to the Wheeler United Methodist Church.

As an employee or volunteer of the Wheeler United Methodist Church, I certify that I have read and will abide by the Safe Sanctuary Policy of the Wheeler United Methodist Church.

Signature of Employee or Volunteer

Date