



“CONNECTING PEOPLE WITH GOD
IN PRACTICAL WAYS”

Safe Sanctuaries
An Abuse Prevention Program

AUTHORIZATON FOR BACKGROUND SCREENING

I consent to having St. James United Methodist Church conduct an investigation into my personal background, including a search of any criminal justice system records, for the purpose of reviewing whether I should be permitted to work with children, youth, or adults with disabilities (e.g., physical, mental or developmental) in the ministries of St. James UMC. I hereby authorize designated personnel at St. James UMC to obtain this information for the purposes described.

By this authorization for Missouri Department of Health and Senior Services (MDHSS) Background Screening, I hereby forever release, discharge, exonerate, hold harmless and indemnify MDHSS, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from MDHSS, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of MDHSS, unless such release is determined to violate the public policy of the state of Missouri, and in that event this release will be permitted to the maximum extent allowed by the governing law.

DATE _____ **APPLICANT’S SIGNATURE** _____

Printed Name: _____
FIRST _____ **MIDDLE** _____ **LAST** _____

Social Security Number: _____ **Birth date:** _____

Address: _____

City/State/Zip: _____

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