



Southern Conference of the United Church of Christ
 Eastern North Carolina Association
 252-B West Fifth Street
 Burlington, NC 27215

Safe Church
 Contact: H. E. "Hunter" Thompson
 (919) 880-6431

(336) 343-4066 (Office) (336) 343-4068 (FAX)
 www.enca-ucc.org/safe
 het101@nc.rr.com or vertiepowersenca@soc-ucc.org

Request for Reinvestigation

Legal Name: Last	First	Middle	
Current Address: Street	City	State	Zip Code
Daytime Phone	Evening Phone	Email	

References: (1) reference should be related to you. (2) references should not be related to you.

Name: Last	First	Middle	
Current Address: Street	City	State	Zip Code
Daytime Phone	Evening Phone	Email	

Name: Last	First	Middle	
Current Address: Street	City	State	Zip Code
Daytime Phone	Evening Phone	Email	

Name: Last	First	Middle	
Current Address: Street	City	State	Zip Code
Daytime Phone	Evening Phone	Email	

I have been a member of this church since _____

I have been a friend of this church since _____

I have never been convicted of, nor pled guilty or no contest to, a crime. (Exclude convictions that have been sealed, expunged or legally eradicated, misdemeanor convictions for which probation was completed and the case was dismissed, or offenses about which inquiry is not permissible in this state) _____ True _____ Not True

If not true, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case on a separate sheet of paper. The church will not deny a position to any applicant solely because the person has been convicted of a crime. The church, however, may consider the nature, date and circumstances of the offense, as well as whether the offense is relevant to the duties of the position applied for.

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying?

_____ True _____ Not True

If yes, please provide a brief explanation on a separate sheet of paper.

I acknowledge my receipt and understanding of the (name of Local Church) Safe Church Policy.

The covenants between persons seeking authorized volunteer positions in the church require honesty, integrity and truthfulness for the health of the church. To that end, I attest that the information set forth in this application is true and complete. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination of, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning such relationships with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between volunteers and the church they seek to serve. To that end, I authorize the conference, association and/or member church and/or its agents to make inquiries regarding my character and qualifications, including all statements I have set forth above. I also authorize all entities, persons, former employers, supervisors, courts, law enforcement, and other public agencies to respond to inquiries concerning me, to supply verification of the statements I have made, and to comment on and state opinions regarding my background, character, and qualifications. To encourage such persons and entities to speak openly and responsibly, I hereby release them from all liability arising from their responses, comments, and statements.

I understand and authorize the sharing of information regarding applicants with those persons in a position to recruit, secure, and supervise both the position I am seeking to fill and program I am seeking to participate in. To that end, I authorize conference, association and member church, and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such persons for these purposes. I understand that the conference, association and member church will share with me information it has gathered about me, if I request it to do so.

I acknowledge my receipt and understanding of the Southern Conference Safe Church Policy.

(PRINT NAME & SIGN) DATE

(PRINT NAME & SIGNATURE OF PARENT OR GUARDIAN FOR APPLICANTS UNDER 18) DATE

Administrative Actions Taken:

- Sex Offender Registry (www.nsopr.gov) review performed on _____
- IntelliSearch Background Check performed on _____
- Personal interview conducted by staff on _____
- Personal references checked by staff on _____
- Church membership for (6) mos. or association for (1) year confirmed on _____
- Additional inquiries completed on _____
- Safe church awareness training and policy orientation performed on _____