



Indiana-Kentucky Conference, United Church of Christ

Indiana-Kentucky Conference UCC
1100 W. 42nd Street, Suite 350
Indianapolis, IN 46208
Phone: 317-924-1395 Fax: 317-924-6650

Merom Conference Center
PO Box 127
Merom, IN 47861
Phone: 812-356-4511 Fax: 812-356-4002



Valid Dates
Beginning \_\_\_\_\_
Ending \_\_\_\_\_

CONFIDENTIAL

IKC Background Check

Self-Disclosure and Reference Request Form for Adults Participating in Youth Programs

All adults will be screened through the US Department of Justice national sex offender public registry.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Circle all that apply: Board Committee Confirmation Retreats Summer Camp Youth Events Work Camps

Home church: \_\_\_\_\_ Town: \_\_\_\_\_ Name of Event \_\_\_\_\_

1. Have you ever been found guilty, or pled guilty, or no contest, to a criminal charge alleging actual or attempted sexual harassment, exploitation, misconduct, physical abuse, or child abuse?
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give a short explanation.

2. Has a formal complaint in a civil, ecclesiastical, educational, or employment setting ever been made against you alleging actual or attempted sexual discrimination, harassment, exploitation, misconduct, physical abuse, or child abuse by you?
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give a short explanation.

3. Is there any other fact or circumstance involving you or your background that would call into question your being entrusted with responsibilities for children or youth in programs sponsored by the Indiana-Kentucky Conference?
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide a brief explanation.

RELEASE AND AUTHORIZATION

I acknowledge that the information provided is true and complete. I authorize the Indiana-Kentucky Conference, UCC to investigate all statements contained in this disclosure and reference form. I also authorize all persons and entities to respond to inquiries concerning me, to supply verification of the information provided, and to comment on and state opinions regarding my background and character. I hereby release all such individuals and entities from all liability and responsibility arising from their doing so.

By completing this form I have read and agree to follow the IKC-UCC "Expectations and Behavior Guidelines".

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Office Use Only
SOR ✓ \_\_\_\_\_
Date Completed \_\_\_\_\_
IKC/MCC rep \_\_\_\_\_



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Name: \_\_\_\_\_

REFERENCES: Please list three adults not related to you or one another. These persons should be familiar with your work and/or your volunteer activities. One of your references should be a 'faith' reference (pastor, youth advisor, church member).

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Day-time #(cell, home, work) \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail \_\_\_\_\_

In what capacity does this person know you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Day-time #(cell, home, work) \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail \_\_\_\_\_

In what capacity does this person know you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Day-time #(cell, home, work) \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail \_\_\_\_\_

In what capacity does this person know you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_