

How long have you been a member of the Streetsboro United Methodist Church?

REAFFIRMATION OF APPLICANT'S AUTHORIZATION AND RELEASE

The information contained in the application is correct and complete to the best of my knowledge. I authorize any references listed in my original application to give you any information (including opinions) that they may have regarding my character and fitness for work with vulnerable persons. In consideration of the receipt and evaluation of this application by the Streetsboro United Methodist Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, or my heirs, or family on account of compliance or any attempts to comply with this authorization.

Should my application be accepted, I agree to abide by the Streetsboro United Methodist Church Safe Sanctuaries Policy and Procedures and live by the understanding that, as a person in authority, it is my responsibility to avoid inappropriate behavior with any vulnerable person in my care.

I further state that **I HAVE CAREFULLY READ THE FOREGOING AUTHORIZATION AND RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN IT AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____