

**First United Methodist Church  
Palestine Texas**

**Safe Sanctuary Policy Agreement**

This is to confirm that I have received and read a copy of the **Safe Sanctuary Policy of First United Methodist Church of Palestine, Texas**. Additionally, I have completed Formal Safe Sanctuary Training and/or Re-Certification Review Training.

By signing this form, **I agree that I understand these policies and procedures and will abide by them at all times when working or volunteering for First United Methodist Church of Palestine, Texas.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorization for Background Release**

Name (Please Print) \_\_\_\_\_ Telephone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
First MI Last  
Current Address \_\_\_\_\_  
Street / P.O. City State Zip  
Social Security# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Drivers License # & State \_\_\_\_\_  
Date & Place of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Maiden and/or Any Other Names Used Previously \_\_\_\_\_

If less than five years at the Current Address, complete the following:

Previous Address \_\_\_\_\_  
Street / P.O. City State Zip

I hereby authorize First United Methodist Church of Palestine, Texas, to request any information regarding any record of indictment, charges or convictions contained in any file maintained on me, whether said file is a local, county, state, or national file, and including, but not limited to, accusations, charges, indictments and convictions for crimes or traffic convictions, to the fullest extent permitted by state and federal law. In connection herewith, I hereby authorize any agency (including law enforcement agencies) to release such information. I hereby **RELEASE AND HOLD HARMLESS** First United Methodist Church, and all of the herein referenced agencies which provide the contents of said files from all liability that may result from any said request and/or disclosure made in response to such request.

This authorization is given as part of my application for employment or volunteer work at the church. All information relative to the background investigation is confidential & any dissemination will be in accordance with state & federal law.

I certify that I have read and understand the foregoing language and that information developed as a result of my authorizing this investigation shall only be shared with the Senior Clergy and the Safe Sanctuary Committee of First United Methodist Church. I further certify that the information on this form is true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only:** Background Verified: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_ Approved? Yes No  
Safe Sanctuary confirmation received: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_