



Christian love in action!

United Methodist Volunteers In Mission – North Central Jurisdiction

UMVIM-NCJ
8800 Cleveland Ave. NW.
North Canton, OH 44720
Phone: 614-325-8741
Email: umvimncj.coor@gmail.com

2017 Criminal Background & Sexual Offender Check
Release & Residential History Form

Please complete the following form and provide a minimum of 7 years of residential history, All of these records are held as highly confidential and will not be released to any organization or individual.

Legal Name _____ Date of Birth _____
First middle last

Maiden/Other name _____ Soc Sec # _____
Year your maiden/other name was last used: _____ email: _____ phone #: _____

I hereby authorize United Methodist Volunteers In Mission – North Central Jurisdiction (UMVIM-NCJ) to obtain information pertaining to my background, including a criminal history check and a sexual offender registry check for certification requirements as a volunteer in my local United Methodist Conference.

** Signature: _____ Date: _____

Residential History – Please list each place you have lived for the last 7 years.

Current Address _____ Dates/From _____ To _____

City _____ State _____ Zip _____ County _____

Previous Address _____ Dates/From _____ To _____

City _____ State _____ Zip _____ County _____

Previous Address _____ Dates/From _____ To _____

City _____ State _____ Zip _____ County _____

** Make sure all parts of this form are completed and that you have signed the release section. Complete and, return this form to UMVIM-NCJ along with a CHECK made payable to UMVIM-NCJ. COST: If you live in IA, MN, ND, OH or WI = \$25.00; IL or MI = \$30.00; IN or SD = \$40.00.

For states outside the North Central Jurisdiction, call or write 614-325-8741 or umvimncj.coor@gmail.com for a quote. This covers the cost of the background check by National Background Investigations plus a small fee for service to UMVIM-NCJ.

Mail form and check to: UMVIM-NCJ, 8800 Cleveland Ave. NW North Canton, OH 44720.

For Office Use Only: Criminal History Background Search _____ (Statewide _____ or County _____) (use statewide if less expensive)
Sexual Offender Registry _____ (Statewide _____ or Count _____) Check other names: Yes ___ No ___
\$ _____ payment received (Check # _____ Dated: _____) Recorded in Data Base _____