

**BOSTON AVENUE UNITED METHODIST CHURCH
TULSA, OKLAHOMA**

TO: All new employees
FROM: Business Office
RE: Payroll Information

We are required to keep this information for Worker's Compensation.

Last Name: _____ First Name: _____ Middle:

Address:

City, State, Zip Code

Home Telephone: _____

Birth Date: _____

Date you were hired: _____

Social Security Number: _____

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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2009-2012 Safe Sanctuary Screening Process

For workers with children, youth and vulnerable adults in all settings of ministry related to the Oklahoma Conference of the United Methodist Church

1. All adults who have responsibility for the safety and oversight of children, youth or vulnerable adults at conference or district events or in the local church (according to the local church policies and procedures) shall submit to a thorough screening process of the Oklahoma Conference of the United Methodist Church every four years.
2. Minors working as assistants to responsible adults shall submit to the same screening with the exception of the criminal background check.
3. The *OK Conference Safe Sanctuary Screening Process* involves completion of a form that includes personal contact and background information, an applicant disclosure statement, a disclosure notice and authorization form from the Conference, and three references. From this information appropriate background checks (criminal background check, social trace, driving records, etc.) are run through a commercial service provider.
4. Personal evaluations of character and work habits are gleaned from reference letters and subsequent evaluations. The applicant is responsible for distributing Reference Forms.
5. Before taking responsibility with children, youth or vulnerable adults, applicants shall receive orientation and training for the duties they are asked to undertake. Adequate supervision, support and feedback shall also be provided.
6. The head of an event or an authorized local church person shall be responsible for verifying that every volunteer or paid staff person working with children, youth or vulnerable adults has completed the screening process prior to any unsupervised, direct contact with such individuals.
7. The head of an event or an authorized local church person shall have the final say on who can or cannot serve in a particular church ministry setting. Volunteers are to clear their service in advance with such a person. Volunteers should consult with a Conference, district or local church staff person to determine who heads which events.
8. Confidentiality in this process is critical. For Conference and district activities applicants and references should return forms directly and promptly to addresses provided - not to the dean or head of an event. In the local church one person should be designated to collect forms and forward them to the Conference Ministry Center.
9. For other questions or explanations contact the Safe Sanctuary Office at the Oklahoma Conference Ministry Center.

Safe Sanctuaries Office - Oklahoma Conference Ministry Center,
501 NW 24th Street, Oklahoma City, OK 73106 1-800-231-4166 or 405-530-2000

These forms can also be found on our website: www.okumc.org/safesanctuaryforms

2009-2012 Safe Sanctuary Screening Form

For workers with children, youth and vulnerable adults
OKLAHOMA CONFERENCE OF THE UNITED METHODIST CHURCH

Please type or print clearly ALL pages!

Return completed form to:

Safe Sanctuaries Office - Oklahoma Conference Ministry Center,
1501 NW 24th Street, Oklahoma City, OK 73106 1-800-231-4166 or 405-530-2000

Gender: **M** or **F** Screening for: **Employment** or **Volunteer** Check here if you are
(circle one) (circle one) **under 18:**

Full legal name _____
LAST FIRST MIDDLE (MAIDEN)

Other names you have used (legal or nicknames) _____

Social networking addresses (FaceBook, MySpace, etc.) _____

Current home address _____ E-Mail _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____ (cell) _____

Previous address _____ Other addresses used in past three years:

Date of birth _____ Social Security Number _____

Driver's license number _____

Current local church membership _____ City _____

Answer these questions and attach another page with an explanation of any YES* answers.

1. Have you ever been charged, convicted of, or pled guilty to a crime (misdemeanor or felony) against children or other persons (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)? yes* no
2. Has your driver's license ever been revoked or suspended? yes* no
3. Has a board that licenses businesses or professions ever licensed you? yes no
If "yes," what board or agency? _____
If "yes," has this license ever been revoked or suspended? yes* no
4. Have you ever habitually abused alcohol or controlled substances? yes* no

Signature _____ Date _____

Provide names and contact information for **TWO** references who have first-hand awareness of your work and can attest to your character (teachers, employers, classmates, etc.). The **THIRD** reference **must** be the local church pastor or program staff person where you are a member or the pastor, district superintendent, or program staff person supervising you where you work. **YOU** are responsible for distributing Reference Forms to each person.

- 1. Name _____ Phone _____ Relationship _____
 Address _____ City _____ Zip _____
- 2. Name _____ Phone _____ Relationship _____
 Address _____ City _____ Zip _____
- 3. Local church pastor/staff person/D.S., etc. _____ Phone _____
 Address _____ City _____ Zip _____

DISCLOSURE NOTICE and AUTHORIZATION for background consumer reports
Important: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, general reputation, personal characteristics, criminal record, qualifications, and/or motor vehicle record may be obtained at any time during the application process or during your service by the Oklahoma Conference of the United Methodist Church in connection with your application to work with children, youth or vulnerable adults.

Upon timely written request to the Oklahoma United Methodist Church Conference staff responsible for screening workers, and within 5 days of this request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and phone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION: I, _____ (print name clearly), hereby authorize and request, without reservation, any present or former employer, law enforcement agency, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about me to furnish the Oklahoma Conference United Methodist Church with any and all background information in their possession regarding me, in order that my qualifications may be evaluated.

READ, ACKNOWLEDGED AND AUTHORIZED:

Signature Date

For California, Minnesota or **Oklahoma** applicants, check this box to receive a copy of your report.

These forms can also be found on our website: www.okumc.org/safesanctuaryforms

Please type or print clearly!

2009-2012 Safe Sanctuary Reference Form

OKLAHOMA CONFERENCE, UNITED METHODIST CHURCH

(Applicant is to distribute this form to persons identified as "References" in the Screening Form.)

Applicant's Name: _____ **City** _____

The above named individual has applied to work with children, youth or vulnerable adults in a church setting. Please honestly complete this form as it relates to this person's character and qualifications as you know them. To maintain confidentiality return the completed form to:

Safe Sanctuaries Office - Oklahoma Conference Ministry Center,
1501 NW 24th Street, Oklahoma City, OK 73106 1-800-231-4166 or 405-530-2000

How long have you known the applicant? _____ In what capacity? _____

Please rate this individual in the following areas:

	Excellent	Good	Average	Poor	Do Not Know*
Personal habits	1	2	3	4	
Moral character	1	2	3	4	
Compassion	1	2	3	4	
Responsibility	1	2	3	4	
Emotional stability	1	2	3	4	
Christian maturity	1	2	3	4	
Openness to critique	1	2	3	4	
Teamwork ability	1	2	3	4	
Health	1	2	3	4	

Comments or *explanations (use back if needed):

Signature _____ Date _____

PLEASE PRINT: Evaluator's Name _____

Evaluator's Address _____

City/State _____ Zip _____

Home phone _____ Work phone _____

YOUR IMMEDIATE RESPONSE IS GREATLY APPRECIATED!