



**CANDIDATE SCREENING QUESTIONNAIRE
MOUNTAIN SKY CONFERENCE OF THE UNITED METHODIST CHURCH
DISTRICT COMMITTEE ON ORDAINED MINISTRY**

The Mountain Sky Conference of the United Methodist Church has established policies concerning professional conduct in order to maintain a healthy work and worship environment. Our commitment to these policies requires that we conduct background referencing for all persons who seek ordination or appointment in the conference. **The communications with your schools, employers, congregations and bishops will make it clear that our inquiry is being made to comply with our conference policies and not because we suspect that you are, or have been, involved in inappropriate conduct.** What follows is our Screening Questionnaire for those seeking ordination/appointment in this conference.

As part of this process in the Mountain Sky Conference we require each person to answer a series of questions that are, of necessity, intimate in nature. If you do not understand the question, please ask for help. When completed, please return the questionnaire directly to the address below. Except as may be required by law, the bishop or the bishop’s designated agent(s) will be the only persons to see the information you supply. Where mandated by law (for example, when there is suspected or confessed abuse of a minor, an incompetent person, or aged person or lawful subpoena), the information you supply will be produced. Follow-up screening information may also be sought from law enforcement agencies, resources or database. You must answer all questions. Your answers will be kept as a part of our confidential files.

Please supply names, addresses and, if available, telephone numbers for the following on a separate sheet if not included on resume:

- All schools you attended since high school for at least one semester/quarter or more in the past ten years, stating dates of attendance and degrees attained.
- All employers (job title, employment dates, and supervisor) and/or congregations served for the past ten years. If you have been at your current position for more than ten years, please provide your two most recent employers/congregations. You should consider yourself to have been employed by any entity for which you provided substantial services, whether or not you were paid for those services.
- All bishops and conferences; past and present, having general oversight and supervision over you.

AUTHORIZATION/RELEASE

I understand and agree that a background review may be conducted with respect to me at the above positions, and that the information I have provided the bishop may be verified by contacting persons and organizations with whom I have had contact or which may have information concerning me. I also understand that follow-up information may be sought from law enforcement agencies, resources or databases. I agree to release from liability and damages the conference and its members, employees and agent(s) who conduct and participate in any such review and those individuals, organizations and their agent(s) who provide information about me during this review, only to the extent that such information is released without malicious intent. All materials pertaining to the background check shall be the property of the Mountain Sky Conference. I authorize all such persons to treat a photocopy of this Authorization as though it were an original, executed Authorization.

Dated this _____ day of _____, 20__ at _____ (City, State, Zip Code)

_____ (Signature)

_____ (Social Security Number)

_____ (Please Print Name)

Please return this questionnaire to: Mountain Sky Conference of The UMC, P.O. Box 462200, Centennial, CO 80015

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Conference: _____

District: _____

Home Church: _____

Please circle either "yes" or "no" for each question. If the answer to any of the following questions is "yes", please indicate the question number, provide relevant information regarding your response and indicate resolution of the issues, if any. Use the back of this form or additional paper if necessary.

1. Has disciplinary action of any sort ever been taken against you by a licensing board, professional association, or educational/training institution? No Yes
 - Have there been written complaints against you that did not result in discipline? No Yes
 - Are there complaints pending against you before any of the above-named bodies? No Yes

2. Have you ever been subjected to church disciplinary proceedings or the recipient of a verbal reprimand from a person in a judicatory position or other supervisory position over you? No Yes

3. Have you ever been asked to resign or been terminated by a training program or employer? No Yes

4. Have you ever had a civil suit brought against you or is any such pending? No Yes

5. Have you ever had professional malpractice insurance suspended or revoked for any reason? No Yes

6. Have you ever been charged¹ with any ethics violation or are any such actions pending against you? No Yes

7. Have you ever been charged with having sexual contact or attempted sexual contact (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons that you were seeing or made contact with in a professional context (e.g., a parishioner a client, a patient, an employee, a subordinate, a student)? No Yes

8. Since the age of 21, have you ever been charged with engaging in sexual behavior (sexual intercourse of any kind, intentional touching, or conversation for the purpose of sexual arousal) with persons under 18 years of age? No Yes

9. Have you ever been charged with the production, sale, or distribution of pornographic materials? No Yes

10. Have you ever been charged with sexual misconduct, including No Yes
 - abuse of power or role for sexual purposes No Yes
 - sexual contact with a minor or an adult incompetent to give consent? No Yes
 - sexual assault (e.g., rape) No Yes
 - solicitation for sexual purposes (e.g., prostitution) No Yes
 - an offense related to pornography or public indecency (e.g., indecent exposure) No Yes

¹ **Throughout** this document, "charged" indicates allegations made in writing and known to you.

11. Have you ever been charged with an offense related to sexual harassment, including unwelcome:
- suggestive looks or leers No Yes
 - unsolicited touching or closeness No Yes
 - attempts to fondle or kiss No Yes
 - sexual comments, teasing, or telling of jokes with sexual content or otherwise creating a hostile work environment No Yes
 - letters, calls, or materials of sexual nature No Yes
 - pressure for dates or activities with a sexual overtone No Yes
 - offer to use influence in return for sexual favor No Yes
12. Do you have a history of alcohol abuse? No Yes
13. Do you have a history of drug abuse with any other drugs: recreational, prescription, over the counter, or illicit? No Yes
14. Have you ever been charged, arrested, or convicted of any felonies or misdemeanors?
- Have you ever been charged with DUI/DWI? No Yes
 - Has your driver's license ever been revoked or suspended? No Yes
15. Have you ever had a restraining order, injunction, order for protection or the like issued against you as a result of allegations of domestic violence, abuse or the like? No Yes
16. Have you ever had your parental rights restricted, suspended or terminated or have any of your children been put into foster care? No Yes
17. Have you ever been charged with misappropriating funds or otherwise breaching fiduciary duties in any employment, financial or professional capacity? No Yes
18. Have you received education in ethical professional issues and boundaries for persons in professional roles?
 Date _____ Place _____ No
 Yes

STATEMENT OF APPLICANT (Please read carefully before signing).

All information submitted by me in this questionnaire is true and complete to the best of my knowledge. I understand that any significant misstatement in, or omission from, this questionnaire may be cause for denial of further consideration in the ordination or appointment process or be cause for disciplinary procedures.

I understand and I agree that I will notify the Bishop's office immediately of any changes in the status of my licensure, censure or sanction by professional bodies, or in my information reported above, and of any other information relating to my ability to act as a member of the ordained ministry.

Name (please print) _____ Date _____

Signature _____ at _____

STATE OF _____ COUNTY OF _____

Subscribed to and sworn before me on this _____ day of _____, 20__

_____ NOTARY PUBLIC

For your comments: