



**THIS FORM IS TO BE USED ONLY FOR MINORS [AGES 16-18]
IN LIEU OF BACKGROUND CHECKS**

**AFFIDAVIT OF BACKGROUND
FOR CARE PROVIDERS
BETWEEN THE AGES OF 16-18.**
West Michigan Conference of
The United Methodist Church

Event _____
Date _____
Event Director _____

Care Provider
Initials confirming
Concurrence with statement

Parent or Guardian
Initials of
confirmation

_____	I fully support the WM Conference in its interest of protecting adults with special youth from any and all forms of emotional, physical, and sexual abuse, harassment, and molestation.	_____
_____	I fully support the WM Conference in its interest of protecting Care Providers from any and all false accusations, appearances, and implications of being involved in such abuse, harassment, or molestation of adults with special needs, children, and you.	_____
_____	I agree to comply with the Adults with Special Needs, Child, and Youth Abuse Prevention Policies of the Conference.	_____
_____	I do hereby swear, affirm, and promise in the presence of God the following:	_____
_____	A. I have never been convicted of, or pled guilty or no contest to, any crime arising out of any act involving child abuse or child sexual abuse, or any act or conduct which is of a sexual, molesting, seductive, or criminally deviant nature, whether or not such conduct involved an adult with special needs, child, or youth.	_____
_____	B. I have never had a verdict rendered against me in any civil action arising out of any personal act or conduct related to child abuse or child sexual abuse.	_____
_____	C. I have never committed any act of child abuse or child sexual abuse.	_____
_____	D. Except as fully disclosed on the reverse side of this Affidavit, I have never been accused of, or been charged with, any crime or conduct arising out of child abuse or sexual abuse.	_____
_____	E. I have no interest in child pornography.	_____
_____	F. I am at least 16 years of age.	_____
_____	G. I will never emotionally, physically, or sexually abuse, harass or molest any adult with special needs, children, or youth and will attempt to avoid even the appearances of such conduct while participating in any Conference-related function, activity, event, or program.	_____
_____	H. I will immediately report to the event director all known or suspected incidences, complaints, and accusations of all acts (involving me or anyone else) of child abuse or child sexual abuse while attending or being involved in any Conference-related activity. It is understood and agreed that upon disclosure of this information to the event director, the event director may take whatever action he or she deems appropriate, including disclosing this information to appropriate authorities or others.	_____

Printed Name of Care Provider between the ages of 16-18

Printed Name of Care Provider's Parent or Guardian

Signature of Care Provider between the ages of 16-18

Signature of Care Provider's Parent or Guardian

Time Date

Time Date

[POLICY Section I.C.3.]