

**Mount Zion United Methodist Church  
Sexual Misconduct Form**

(Please check the appropriate box. If more space is needed, please use an additional sheet of paper.)

1. Have you ever filled out this questionnaire for this church or agency?  Yes  No  
If no, please answer questions 2 through 9 below. If yes, give the date: \_\_\_\_\_

Have any answers changed since you filled out that copy?  Yes  No  
If no, please sign and return this form. If yes or you are unsure, please answer questions 2 through 9 below.

2. Have you ever been accused, in a written and signed statement, of sexual misconduct with a child or a youth?  Yes  No

3. Have you ever been accused, in a written and signed statement, of sexual misconduct with an adult?  Yes  No

4. Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part?  Yes  No

5. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part or to avoid being dismissed because of an accusation of sexual misconduct on your part?  Yes  No

6. If your response to any of the foregoing questions (2 through 5) is "yes," please provide on a separate sheet of paper all details regarding each accusation of sexual misconduct that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct, and the name of your employer at the time of the alleged misconduct.

7. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g., indictment, arrest, trial etc.)?  Yes  No

If yes, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceeding occurred, the nature of the accusations, and the result of the proceedings) on a separate sheet of paper.

8. Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion?  Yes  No

9. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?  Yes  No

10. Please provide three adult references (names, addresses, phone numbers) of persons who are not related to you by blood, marriage, or other family relationship and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth, and adults.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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### QUESTIONNAIRE RESPONSE FORM

*(To be signed by all laypersons and unappointed clergy who work with children or youth within the local church or a Conference agency. If under 18, a parent or guardian must also sign.)*

I verify that the answers I have provided on this Questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this Response Form, will result in my being denied the position for which I am being considered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_