

## **Candidates for Associate Membership** **2010-2011**

*It is **your** responsibility to see that each of these items is in your file at the Office of the Director of Ministerial Services by 4pm CST, November 29, 2010. This includes forms and evaluations completed by others on your behalf, as well as a DVD of your sermon.*

*There are no exceptions to this rule, as per the policy of the Board of Ordained Ministry.*

### **File checklist for those applying to be Associate Members**

1.  Application for Associate Relationship
2.  Background check – within the last 5 years
3.  Biographical Information Form
4.  College transcript
5.  Course of Study Transcript – completed 5-years
6.  Certificate of completion of licensing school
7.  Consent Form
8.  DCOM Recommendation
9.  Doctrinal Questions
10.  DS Request Form
11.  DS Composite Recommendation
12.  Medical Form
13.  PPRC/SPRC recommendation
14.  Psychological assessment – must be within last 5 years
15.  Self Evaluation and Report of Progress in Ministry
16.  Sermon Evaluation
17.  Sermon Evaluation
18.  Sermon Evaluation
19.  Sermon Bulletin
20.  Sermon DVD
21.  Sermon Manuscript
22.  UMC Candidate's Disclosure Form

***The Board of Ordained Ministry  
Alabama West Florida Conference  
The United Methodist Church***

Rev. Robin Wilson, Director of Ministerial Services  
100 Interstate Park Dr., Suite 120  
Montgomery, AL 36109  
334-356-8014  
[robin@awfumc.org](mailto:robin@awfumc.org)

**To: All Candidates for Associate Membership**  
**From: Robin Wilson, Director of Ministerial Services**  
**Subject: Materials needed by the Board of Ordained Ministry**

Greetings in the name of our Lord Jesus Christ!

It is a joy to celebrate your following God's calling into ministry! The Board of Ordained Ministry of the Alabama West Florida Conference is anxious to work with you to determine how you can best serve God through the United Methodist Church. ***Do your best work*** on this material and be sure to follow the instructions both in this letter and throughout this packet. Failure to follow the directions given can be grounds for delaying your application.

This application packet is to be completed and returned to Rev. Robin Wilson by ***4pm CST, November 29, 2010*** by those who seek to become Associate Members at the 2011 Annual Conference. Please reserve the dates of ***February 7-9, 2011*** and plan to meet with the Board of Ordained Ministry at Blue Lake. You will be notified closer to that date of the exact day and time to come to Blue Lake.

Below are some guidelines for submission of your information, suggestions for making this process smooth for you and answers to some frequently asked questions.

- Put your name and the date at the top of ***every page*** that you turn in.
- You are responsible for the cost of your medical exam. EKG's, etc. are not required unless your physician feels your condition warrants such tests for a clean bill of health.
- E-mail one copy of your sermon manuscript to Rev. Robin Wilson at [robin@awfumc.org](mailto:robin@awfumc.org). Additionally, mail one copy of a DVD of your sermon being preached to Rev. Wilson at the above address. Sermon guidelines are included in this packet. Follow them carefully. You may also e-mail Rev. Wilson a digital copy of your presentation, but the DVD must still be submitted.
- Print three copies of the sermon evaluation form (included in file) and give to three lay persons to do the evaluation. **Three evaluations must be received from lay persons.** You are responsible for insuring our timely receipt of these evaluations.
- The doctrinal questions you will answer are from the 2008 Book of Discipline; Section VI, Paragraph 324.9, which are included in this packet. E-mail your responses to Rev. Wilson.

- If you are not presently serving or working at a church, have the PPR/SPR evaluation filled out by your home church PPR/SPR committee, or return it to Rev. Wilson with a detailed explanation.
- It is your responsibility to see that we have a copy of your psychological report and background check. These must be within the last five years.
- Recommendations and forms which others complete on your behalf may take a while. Have them filled out ASAP, for your peace of mind. If they are not turned in by the deadline, your application packet will be incomplete, and you will not be able to appear before the BOM to be considered for Associate Membership this year.

It is your responsibility to see that Rev. Robin Wilson receives all forms and evaluations by ***November 29, 2010***. **This includes making sure that the papers being filled out for you by others have been mailed directly to her by this date.**

Please note: Completing these written assignments and appearing for an interview does not guarantee that you will be made an Associate Member. That privilege is granted only by a majority vote of the Board and the clergy session of the Annual Conference.

Do not hesitate to contact me with any questions or problems. May God continue to bless you in your ministry!

**APPLICATION FOR MINISTERIAL RELATIONSHIP TO THE ANNUAL  
CONFERENCE FOR ASSOCIATE MEMBER  
ALABAMA-WEST FLORIDA CONFERENCE**

District: \_\_\_\_\_ Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ **FULL NAME. NO INITIALS!**

Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_

Date and Place of Birth:

\_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_ No. & Age of Children:

\_\_\_\_\_

Certificate of Candidacy: Date of Issue: \_\_\_\_\_ District: \_\_\_\_\_

**EDUCATIONAL QUALIFICATIONS:**

High School:

Place	Date

College:

Name	Date attended	Degree or credit hours

Seminary (§ 315.4)

Name	Date attended	Degree or credit hours

Full-Time Local Pastor:

Number of Years	Dates

Associate Member:

Number of Years	Dates

Previous Ordination

Date	Ordination

## Biographical Information Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ School or Office Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: M \_\_\_\_\_ ; F \_\_\_\_\_

Ethnic Origin: Asian \_\_\_\_\_ ; Black /African American \_\_\_\_\_ ; Hispanic \_\_\_\_\_ ; Native American \_\_\_\_\_ ;  
Pacific Islander \_\_\_\_\_ ; White \_\_\_\_\_

Local Church \_\_\_\_\_ City \_\_\_\_\_

Conference \_\_\_\_\_ District \_\_\_\_\_

Briefly describe your involvement in your local church, such as your leadership positions, groups you enjoy, church activities, etc.

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Describe your church involvement in activities beyond your local church, such as district or annual conference work, church camps, workshops, outreach, etc.

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Your Educational Background:	Dates Attended	Degree or Credit Hrs.
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High school _____	_____	_____
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College _____	_____	_____
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Graduate School _____	_____	_____
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Theological Seminary _____	_____	_____
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Course of Study for Ordained Ministry Yr.1 \_\_\_\_\_ ; Yr.2 \_\_\_\_\_ ; Yr.3 \_\_\_\_\_ ; Yr.4 \_\_\_\_\_ ; Yr.5 \_\_\_\_\_

Advanced Course of Study: \_\_\_\_\_ Semester Hours Credit \_\_\_\_\_

Marital Status: Single, never married \_\_\_\_\_ ; Married, in first marriage \_\_\_\_\_ ;  
Married, in second or more \_\_\_\_\_ ; Widowed \_\_\_\_\_ ; Separated \_\_\_\_\_ ; Divorced \_\_\_\_\_

If married, spouse's name \_\_\_\_\_ Birth date \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**(page 2, Biographical form)**

Your children, if any:

Name of child	Date of Birth	Gender	Education
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dependents in addition to your spouse and children:

\_\_\_\_\_

Describe your community involvement and volunteer work, such as participation in community organizations, social clubs, service agencies, and other non-church-related volunteer service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your childhood family and other significant relatives:

Name	Relation	Age	Gender	Education	Marital Status	Occupation
_____	Father	_____	_____	_____	_____	_____
_____	Mother	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Your work experience, such as current employment, previous employment, and military experience, if any.

\_\_\_\_\_

Have you served as a local pastor, diaconal minister, deacon or elder in the United Methodist Church?

<p>_____ Conference? _____</p> <p><b>Conference Relationship (Indicate Date)</b></p> <p>Consecrated Diaconal Minister _____</p> <p>License as a Local Pastor _____</p> <p>Associate Member _____</p> <p>Probationary Member _____</p> <p>Deacon in Full Connection _____</p> <p>Elder in Full Connection _____</p> <p>Have you had a change in clergy relationship with a conference of the United Methodist Church? _____</p> <p>Conference? _____</p>	<p>_____ Conference? _____</p> <p><b>Change in Conference Relationship (Indicate Date)</b></p> <p>Discontinuance _____</p> <p>Leave of Absence _____</p> <p>Disability Leave _____</p> <p>Location _____</p> <p>Retirement _____</p> <p>Withdrawal _____</p> <p>Termination by action of the annual conference _____</p>
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## Consent Form

I hereby give my consent for the Alabama-West Florida Conference Board of Ordained Ministry to use the following information for the use of interviewing and considering me for Ordained Ministry: official transcripts from colleges and seminaries, evaluation of Supervised Ministries Projects, CPE evaluations, background check information, evaluation of psychological tests, biographical information, academic records, recommendations from laity, clergy, Pastor-Parish Relations Committee, District Committee on Ministry, and the District Superintendent, and any other material submitted by the applicant.

I understand that my file must be complete with all items turned in by the deadline in order for me to be considered for Associate Membership in 2011.

Name: \_\_\_\_\_  
(Please print or type.)

Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Witness: \_\_\_\_\_  
(Does not have to be a Notary.)

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

**DISTRICT COMMITTEE ON ORDAINED MINISTRY  
RECOMMENDATION FOR ASSOCIATE MEMBERSHIP  
ALABAMA-WEST FLORIDA CONFERENCE**

The Committee on Ordained Ministry of the \_\_\_\_\_ District of the Alabama-West Florida Conference, in accordance with ¶ 322.5 of the 2008 Discipline of The United Methodist Church recommends:

\_\_\_\_\_  
*Name*

for Election to Associate Membership in the Alabama-West Florida Conference.

\_\_\_\_\_  
Chairperson, District Committee

\_\_\_\_\_  
Registrar, District Committee

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

Please send this completed form to:

*Rev. Robin Wilson  
100 Interstate Park Dr., Suite 120  
Montgomery, AL 36109*

## Doctrinal Questions

According to par. 324.9 of the 2008 *Book of Discipline*, “Each candidate shall respond to a written and oral doctrinal examination administered by the conference Board of Ordained Ministry.” Write a response to all of the following questions. Your response should reflect your personal belief and understanding of United Methodist doctrine and should be as lengthy as needed to reflect your understanding. Give special attention to appropriate grammar, spelling, and source citation.

It would be wise for applicants to refer to the Policies and Procedures manual of the BOM (<http://awfumc.org/bom>) and read the section tips from the doctrine committee, located in chapter 5. E-mail your responses to the questions below to [Robin@awfumc.org](mailto:Robin@awfumc.org).

- a) Describe your personal experience of God and the understanding of God you derive from biblical, theological, and historical sources.
- b) What is your understanding of evil as it exists in the world?
- c) What is your understanding of humanity, and the human need for divine grace?
- d) How do you interpret the statement Jesus Christ is Lord?
- e) What is your conception of the activity of the Holy Spirit in personal faith, in the community of believers, and in responsible living in the world?
- f) What is your understanding of the kingdom of God; the Resurrection; eternal life?
- g) How do you intend to affirm, teach and apply Part II of the *Discipline* (Doctrinal Standards and Our Theological Task) in your work in *the ministry to which you have been called*?
- h) The United Methodist Church holds that the living core of the Christian faith was revealed in Scripture, illumined by tradition, vivified in personal experience, and confirmed by reason. What is your understanding of this theological position of the Church?
- i) Describe the nature and mission of the Church. What are its primary tasks today?
- j) Discuss your understanding of the primary characteristics of United Methodist polity.
- k) How do you perceive yourself, your gifts, your motives, your role, and your commitment as a probationary member and commissioned minister in The United Methodist Church?
- l) Describe your understanding of *diakonia*, the servant ministry of the church, and the servant ministry of the provisional member.
- m) What is the meaning of ordination in the context of the general ministry of the Church?
- n) Describe your understanding of an inclusive church and ministry.
- o) You have agreed as a candidate for the sake of the mission of Jesus Christ in the world and the most effective witness of the gospel, and in consideration of their influence as ministers, to make a complete dedication of yourself to the highest ideals of the Christian life, and to this end agree to exercise responsible self-control by personal habits conducive to bodily health, mental and emotional maturity, integrity in all personal relationships, fidelity in marriage and celibacy in singleness, social responsibility, and growth in grace and the knowledge and love of God. What is your understanding of this agreement?
- p) Explain the role and significance of the sacraments in the ministry to which you have been called.

## **Self-Evaluation and Report of Progress in Ministry**

*E-mail ([robin@awfumc.org](mailto:robin@awfumc.org)) or mail to Rev. Robin Wilson)*

For Conference Year \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, State, & Zip \_\_\_\_\_

- I. EDUCATION: By the next Annual Conference Session, I shall have completed the following amount of work on my education: Number of college hours completed: \_\_\_\_\_.
- II. Explain the TYPE OF WORK in the church in which you are presently involved (serving a charge, etc.) and how you feel about this work:
- III. FAMILY: How does your family feel about your present situation in preparation for your ministry? Have there been any changes in your marital status, or do you expect any changes?
- IV. Describe your personal DEVOTIONAL LIFE:
- V. How would you EVALUATE YOURSELF (your spiritual growth, your needs, etc.) during this year?
- VI. Give a brief sketch of your PLANS FOR THE FUTURE:  
For the next 6 months:
- Where do you hope to be in your ministry 5 years from now?
- VII. What help can the Board of Ordained Ministry be to you? Can we help you meet some need? Do you have any suggestions to us about our work with you?

*(Use the back of this sheet or attach another page for matters you cannot write in the space provided.)*

## Pastor Parish Relations/Staff Parish Relations Evaluation

\_\_\_\_\_ is applying to the Alabama-West Florida Conference of the United Methodist Church for admission as an Associate Member.

*The Board of Ordained Ministry asks that the Pastor/Staff Parish Relations Committee give an evaluation of the applicant's ministerial leadership. While the final judgment regarding recommending the applicant to the Conference rests with the Board of Ordained Ministry, your evaluation is needed and will be helpful in advising the applicant regarding his/her future ministry.*

*This form should be filled out at an announced, called meeting of the Pastor/Staff Parish Relations Committee of your charge. Review and discuss the form before you begin to fill it out. Give your prayerful, well-considered answers to each question. If you have questions about the form, or about the process that you are involved in, please contact the Director of Ministerial Services listed at the end of this form.*

Name of Church/Charge: \_\_\_\_\_

Date and Place of PPR/SPR Committee meeting at which this form was completed:  
\_\_\_\_\_

Number of committee members involved in completing this form: \_\_\_\_\_

Number of committee members absent and not involved: \_\_\_\_\_

Pastor/Staff Parish Committee Chairperson:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

1. How long has the applicant served your church/charge? \_\_\_\_\_

2. Give your evaluation of the applicant's personality, character, and ability:

	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
<i>Personal Appearance</i>	_____	_____	_____	_____	_____
<i>Ability to get along with people</i>	_____	_____	_____	_____	_____
<i>Ability as a preacher</i>	_____	_____	_____	_____	_____
<i>Emotional maturity and stability</i>	_____	_____	_____	_____	_____
<i>Leadership ability in the church</i>	_____	_____	_____	_____	_____

3. Does he/she understand, believe in, and urge full support of the programs of the United Methodist Church?

\_\_\_\_\_ Yes \_\_\_\_\_ No. ( If "No", give details on the back of this form.)

4. Have there been major problems in the life of your church this year that in the opinion of your committee are the results of the ministry of the applicant? \_\_\_\_ Yes \_\_\_\_ No (If “yes”, give details on the back of this form.)
5. In the opinion of your committee, what are the major strengths of the applicant as a minister? (Please give details on the back of this form.)
6. What personal weaknesses concern you about the applicant that you feel the Board of Ordained Ministry should discuss with him/her as guidance is given for the applicant’s future ministry? (Please write details below on this sheet.)

*Please mail this form directly to:*

*Rev. Robin Wilson  
100 Interstate Park Dr., Suite 120  
Montgomery, AL 36109*

## Guidelines for Sermon for Associate Membership

**Choose one passage:**

**Habakkuk 1:1-4; 2:1-4; Psalm 119:137-144; 2 Thessalonians 1:1-4, 11-2; or Luke 19:1-10**

*You are to prepare and deliver a sermon based on one of the above prescribed texts and submit the full manuscript, worship bulletin or worship plan, and a DVD video of the worship service. You may also e-mail Rev. Wilson a digital copy of your presentation, but the DVD must still be submitted. The purpose of this requirement is to place emphasis upon the pastor's need to be effective in preparing and delivering sermons. The committee will be evaluating your level of understanding of the Biblical passage, your commitment to effectiveness in preaching the Word of God, and your comfort/anxiety level in preaching and leading worship in a United Methodist Church.*

Please follow these guidelines in fulfilling this requirement:

1. You should include a sermon title, which reflects the main theme of the sermon, as well as a statement of purpose that discloses what you anticipate the congregation will take with them or do after hearing the sermon.
2. The sermon should be **neither shorter than fifteen minutes nor longer than twenty-five minutes**, and the manuscript should not exceed eight typed, double-spaced pages. E-mail all work to Robin@awfumc.org.
3. You should submit a clear DVD video of the entire worship service in which you preached the sermon. **View your recording! Make sure the level of quality of the DVD is what you think should be submitted to the BOM.**
4. You should submit a description of the worship setting, along with a copy of the worship bulletin or the plan of worship.
5. You should arrange in advance to **have three adult congregation members evaluate the sermon**. (These evaluations are included in the file of materials you downloaded from the conference web site.)
6. As with any professional work, careful attention should be given to proper grammar and spelling. Again, the video recording should be of good quality.
7. You are to bring a copy of your sermon manuscript with you to the interview.

**Please note:** If your work does not include all of the items listed, the requirements for this area will not have been met.



## **District Superintendent Request**

*Print this form, obtain necessary signatures, and mail to Rev. Wilson at this address:*

**Rev. Robin Wilson  
100 Interstate Park Drive, Suite 120  
Montgomery, Alabama 36109**

**I, \_\_\_\_\_, request that the Cabinet of the Alabama West Florida Conference recommend me for Associate Membership in the Alabama West Florida Conference of the United Methodist Church. I ask that my District Superintendent please facilitate a written recommendation to the Board of Ordained Ministry on my behalf regarding this matter.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Received by  
District Superintendent**

\_\_\_\_\_  
**Date Requested**

\_\_\_\_\_  
**Signature of District  
Superintendent**

## Medical Report Of Ministerial Candidate

### Part I: MEDICAL HISTORY REPORT

To be completed by the candidate.

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Marital status \_\_\_\_\_ Number of children \_\_\_\_\_

1. Check if you have ever had:

- |                                    |  |  |  |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Poliomyelitis   |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Kidney trouble      | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Cancer    | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> peptic ulcer        | <input type="checkbox"/> Tuberculosis    |

2. Check if any member of your family has ever had:

- |                                    |  |  |  |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Poliomyelitis   |
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Epilepsy      | <input type="checkbox"/> Kidney trouble      | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Cancer    | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Peptic ulcer        | <input type="checkbox"/> Tuberculosis    |

Explain: \_\_\_\_\_

3. What vaccinations or inoculations have you had? Give dates (as near as possible):

\_\_\_\_\_

4. Have you ever had an electrocardiogram? If so, give date and attending physician:

\_\_\_\_\_

5. Have you ever had a serious accident or operation?

Explain: \_\_\_\_\_

6. Have you any impairment of sight? \_\_\_\_\_ hearing? \_\_\_\_\_

7. If your weight has changed in the past two years, state approximate loss \_\_\_\_\_ gain \_\_\_\_\_

8. Have you ever been rejected for life insurance? \_\_\_\_\_

9. Have you ever received treatment for alcohol or drug habit? \_\_\_\_\_

10. Do you smoke? \_\_\_\_\_ How long? \_\_\_\_\_ How much? \_\_\_\_\_

11. Have you ever been under observation or treatment in any hospital or sanitarium for a physical or nervous condition?

Explain: \_\_\_\_\_

\_\_\_\_\_

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

**PART II: MEDICAL EXAMINER'S REPORT** (To be completed by a physician.)

1. General Appearance \_\_\_\_\_
2. Personal Hygiene: \_\_\_\_\_
3. Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
 (Give reading before and after exercise)
4. Vision: \_\_\_\_\_
5. Hearing: \_\_\_\_\_
6. Condition of mouth and throat: \_\_\_\_\_  
 Pharynx \_\_\_\_\_ Tonsils: \_\_\_\_\_  
 Mucous membranes \_\_\_\_\_ Teeth \_\_\_\_\_  
 Tongue \_\_\_\_\_ Gums \_\_\_\_\_
7. Evidence of goiter, enlarged glands, or other tumors: \_\_\_\_\_  
 \_\_\_\_\_
8. Evidence of varicosity: \_\_\_\_\_ Hernia \_\_\_\_\_
9. Evidence of disease or abnormalities of: Heart: \_\_\_\_\_  
 Lungs: \_\_\_\_\_  
 Thorax: \_\_\_\_\_  
 Spine: \_\_\_\_\_  
 Genitalia: \_\_\_\_\_
10. Evaluate nervous and mental condition: \_\_\_\_\_  
 \_\_\_\_\_
11. Laboratory Tests:  
 Urine: \_\_\_\_\_ Chest X-ray \_\_\_\_\_  
 Complete blood count (hemoglobin, MCV, white count): \_\_\_\_\_  
 Pap smear \_\_\_\_\_ Electrocardiogram (base line EKG) \_\_\_\_\_  
 \_\_\_\_\_  
 Other: \_\_\_\_\_

***SUMMARY OF FINDINGS AND RECOMMENDATIONS***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of physician: \_\_\_\_\_

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

Signature of Physician: \_\_\_\_\_

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

## The UMC Candidate's Disclosure Form

Please complete this form, sign and date it, have your signature notarized, and return it with all your other forms to Rev. Robin Wilson.

Have you ever been:

- |    |  |          |           |
|----|--|----------|-----------|
| 1. | Convicted of a felony?                                 | _____ No | _____ Yes |
| 2. | Convicted of a misdemeanor?                            | _____ No | _____ Yes |
| 3. | Accused in writing of sexual misconduct or child abuse | _____ No | _____ Yes |

If you answered "Yes" to any of these questions, please explain: (Attach a separate piece of paper.)

If you are required by this disclosure form to disclose any written accusations or convictions for felony, misdemeanor or any incident of sexual misconduct that you dispute or believe should be explained in any way, you have an opportunity at this time to include any additional information that you believe might be helpful or important regarding the disclosure. Any relevant additional information should be provided in a response statement attached to this form. (Note: It would be preferable if this response statement could be included right on the disclosure statement, however we realize there are space limitations on forms and thus you might need to request that the statement be attached. Please indicate if pages are attached.)

□ □ □

I hereby certify that the information provided on this form is true and accurate.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Subscribed and Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Printed Name \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

Notary Public, State of \_\_\_\_\_, My Commission Expires \_\_\_\_\_

**Note:** You are to have an official background check on file. To initiate this process, please contact Rev. Robin Wilson as soon as possible and she will guide you through what you need to do. You may call her at 334-356-8014 or e-mail her at [robin@awfumc.org](mailto:robin@awfumc.org).