

**SOUTH CAROLINA ANNUAL CONFERENCE Board of Ordained Ministry**

**NOTARIZED CRIMINAL BACKGROUND STATEMENT**  
**(Par. 310.2b, 315.16, and 324.12) Please Print or type this form**

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

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

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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Have you ever been convicted of a felony? Yes No

Have you ever been accused of a felony? Yes No

If "Yes" state in detail the nature of the conviction or accusation.

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been accused of a misdemeanor? Yes No

If "Yes", please state in detail the nature of the conviction or accusation.

Have you ever been convicted of sexual misconduct? Yes No

Have you ever been accused of sexual misconduct? Yes No

If "Yes", please state in detail the nature of the conviction or accusation.

.....  
I \_\_\_\_\_, affirm that all the information provided by me on this form is true, correct and accurate.

I understand that if false information has been given, my application process in the South Carolina Annual Conference of the United Methodist Church will be terminated, and I will be subject to any disciplinary actions as set forth by said Annual Conference. By signing this I further grant permission for The Board of Ordained Ministry to conduct Criminal Background Investigations whenever needed.

"A past felony conviction is not an absolute bar to employments with the South Carolina Annual Conference of the United Methodist Church. It is our policy to consider: 1) The nature and gravity of the offense or conduct; 2) The time that has passed since the offense, conduct and/or completion of the sentence; and 3) The nature of the job held or sought. It is also our policy to use individualized assessments to consider more complete information to determine whether exclusions based on past criminal conduct are job related and consistent with business necessity."

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

**Notary Public Signature & Seal**

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn before me on this \_\_\_\_\_

\_\_\_\_\_  
Notary Public of the State of \_\_\_\_\_

My commission expires \_\_\_\_\_

Please email this form to the Office of Clergy Services, [clergyservices@umcsc.org](mailto:clergyservices@umcsc.org), and go online to pay at [www.umcsc.org/home/ministries/clergy-services/clergy-services-forms-information](http://www.umcsc.org/home/ministries/clergy-services/clergy-services-forms-information) (scroll down to Candidacy Forms then to 07SCBOM Criminal Background Consent – Click here to pay for background check)  
Option A – Change of Status Background Check (\$20) or Option B – Safe Sanctuary Background Check (\$14)

Copy distribution: DS-Office; Mail original with seals to Clergy Services, 4908 Colonial Dr. Columbia, SC 29203)