

III. Instructions for Obtaining Credit Check

The Executive Session of the 1995 South Georgia Annual Conference approved the policy that requires a credit reference check by anyone seeking entry into the conference. This applies to persons seeking certified candidacy and those seeking to serve as a Local Pastor, Associate Member, Commissioned/Provisional Member, Full Conference Member, transfers from another denomination and transfers from other annual conference. Further, at each change of status, e.g., from Provisional Membership to Full Connection, persons will be expected to submit a new credit check.

IV. Instructions for Obtaining Criminal Record Checks

Effective June 13, 1994, all persons entering the South Georgia Annual Conference as a certified candidate, or at any other clergy relationship, must submit to a criminal record check. This check will include all of the states in which the candidate has lived for the last ten years. Further, at each change of status, e.g., from provisional membership to full connection, the candidate will be asked to provide an updated report.. There will be a fee to help the Conference cover the costs of the background checks. The exact costs of the background and credit checks will be determined in the Fall of 2010. Candidates will be notified of the fee at the appropriate time.

The candidate will complete the Criminal Record Consent Form. The signature and seal of a notary public are required. A record check will not be run if it lacks these.

Both the criminal check and credit checks will be run through the Office of Ministerial Services.

A sample of the Credit and Criminal Record Check Consent Form is provided on the following page.

CREDIT AND CRIMINAL RECORD CHECK CONSENT FORM

I HEREBY AUTHORIZE THE Board of Ordained Ministry of the South Georgia Annual Conference of The United Methodist Church to receive and use a current Credit and Criminal Record Check pertaining to me as it considers me for service in pastoral ministry in the Annual Conference.

DATE

Your Full Name (Please Print)

Other Names one has used

Street Address

Phone Number

City, State, Zip

Date of Birth

Social Security Number

Your Signature

Sex

Notary Signature

Mail this form to: Rev. Gene Cochran, Office of Ministerial Services, P.O. Box 18149, Macon, Georgia 31209. Also, enclose a photocopy of your Driver's License or another official photo ID. Include with this form a check for \$35 made out to S.Ga.BOM. You will be sent a receipt.