

# Northern Michigan District NYI

## Regional Celebrate Life Sponsor Registration Form

Name: \_\_\_\_\_ Local Church: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender: M F T-Shirt Size: \_\_\_\_\_  
City: \_\_\_\_\_ Roommate Preference: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

**Payment Due March 14<sup>th</sup>, 2020: \$100.00**

### Background Check

#### Volunteer / Screening Procedures

- (1) All candidates for any Northern Michigan District volunteer position that involves working with youth (students under the age of 18) must complete and return the following background check authorization.
- (2) The information obtained will be submitted to the Michigan State Police for a criminal background check. The volunteer applicant will only be contacted if there is an issue with the result of the screening process.
- (3) If any issue involving sexual misconduct (and/or violence) arises while working with youth, the NMD President will notify the local police and the Northern Michigan District Superintendent so proper action can be taken in relation to the offense.
- (4) The application materials and background checks will be retained by the NMD President and stored in a secure location.
- (5) The information will be limited to only the NMD President, local pastor and board members of sending church, and head directors of events where sponsor will be volunteering.

I recognize that the Northern Michigan District is relying on the accuracy of the information that I have provided. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I knowingly and voluntarily release the Church of the Nazarene and all related individuals and entities, local, district & general, from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary

I have carefully read the policy and procedures, and I agree to abide by them and to protect the health and safety of the youth assigned to my care or supervision at all times.

\_\_\_\_\_  
Printed Name Signature Date

(Please use the back side of this form to explain any criminal conduct that may be found during our background check.)