

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 31st, 2022: \$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.)