



Laity Sexual Misconduct Questionnaire

Baltimore-Washington Conference – Church Conference 2017



*To be completed and signed by all persons who are to work with children and youth within the ministry of this congregation.
Please check the appropriate box. If more space is needed, please use an additional piece of paper*

Name:	
Date :	
<input type="checkbox"/> YES <input type="checkbox"/> NO	1. Have you ever filled out this questionnaire for this church or agency <ul style="list-style-type: none"> • If NO (or unsure) please answer questions 3 - 9 below. Then sign and return this form. • If YES, please give the date: _____ and answer question #2
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	2. If you answered "YES" to Question #1, have any answers changed since you filled out that copy? <ul style="list-style-type: none"> • If NO, please sign and return this form. • If YES OR NOT SURE, please answer questions 3 - 9 below
<input type="checkbox"/> YES <input type="checkbox"/> NO	3. Have you ever been accused, in a written and signed statement of sexual misconduct with a child or a youth?
<input type="checkbox"/> YES <input type="checkbox"/> NO	4. Have you ever been accused in a written and signed statement of sexual misconduct with an adult?
<input type="checkbox"/> YES <input type="checkbox"/> NO	5. Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part?
<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part?
If your response to any of the foregoing questions (2 through 6) is "yes", please attach an explanation regarding each accusation of sexual misconduct that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct, and the name of your employer at the time of the alleged misconduct. Please attach explanation.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	7.a Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g. indictment, arrest, trial, etc.)? If yes, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings). Please attach explanation.
<input type="checkbox"/> YES <input type="checkbox"/> NO	7.b Have accusations of sexual misconduct against you resulted in civil or criminal court proceeding on more than one occasion? If so, please provide the same details with respect to each such proceeding. Please attach explanation.
<input type="checkbox"/> YES <input type="checkbox"/> NO	8 Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Please attach explanation.

COMPLETED FORM TO BE KEPT ON FILE AT THE LOCAL CHURCH – DO NOT SUBMIT TO CONFERENCE.

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- 9 Please provide three adult references (names, addresses, phone numbers) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can to the best of their ability, provide statements in support of your good behavior and clean record in regard to sexual misconduct with children, youth and adults.

Name 1 :

Address :

City, State Zip :

Phone :

Name 2 :

Address :

City, State Zip :

Phone :

Name 3 :

Address :

City, State Zip :

Phone :

I verify that the answers I have provided on this Questionnaire are true and accurate to the best of my ability.

I understand false answers, as well as the failure to sign this Response Form, will result in my being denied the position for which I am being considered.

Signature:

Printed Name:

Date :

Email:

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