

Disclosure Form – Appalachian Trail Chaplain
Appalachian Trail Chaplain Ministry

NAME: _____

ADDRESS: _____

CITY/STATE _____ ZIP _____

The Appalachian Trail Chaplain Ministry desires the safety and well-being of all persons. We therefore require background disclosures of all prospective staff. Please complete and sign this form and return it to:

Appalachian Trail Chaplain Ministry
c/o New River District UMC
105 Asbury Lane
Wytheville, VA 24382

You may also send a signed, scanned copy via email to appalachiantrailchaplain@gmail.com.

HISTORY: (Please answer “yes” or “no;” attach an explanation for each “yes.”)

Have you ever been convicted for the possession, use or sale of drugs? _____

Have you ever been convicted of a crime against children or other persons? _____

Have you ever been convicted of a felony? _____

Has your driver’s license been suspended or revoked within the past 3 years? _____

Within the past 30 days, have you abused alcohol, legal or illegal drugs? _____

Have you ever been reviewed by church and/or secular bodies and been restricted from involvement with children, youth or adults or been restricted from involvement in Youth or Camp/Retreat Ministry? _____

I understand that, as a commissioned agent of Holston Conference of The United Methodist Church, the Appalachian Trail Chaplain is to be above reproach. Should I be awarded that trust, I pledge to avoid sexual contact with all children, youth and adults, even if the other person attempts to initiate the contact.

Signed: _____ Date: _____

I certify that the information I have provided is true and correct. I understand that Appalachian Trail Chaplain Ministry reserves the right to terminate my service if it is found that the answers given above are false or for other work-related causes.

Updated 4.11.24