

CANDIDATE'S DISCLOSURE FORM
¶324.12



Please complete this form, sign and date it, have your signature notarized, and return it to:

Office of the Administrative Registrar
Holston Conference UMC
P.O. Box 850
Alcoa, TN 37701-0850

Have you ever been:

- 1. convicted of a felony? No Yes
- 2. convicted of a misdemeanor? No Yes
- 3. accused in writing of sexual misconduct or child abuse? No Yes

If you answered **Yes** to any of these questions, please explain:

If you are required by this disclosure form to disclose any written accusations or convictions for felony, misdemeanor or any incident of sexual misconduct that you dispute or believe should be explained in any way, you have an opportunity at this time to include any additional information that you believe might be helpful or important regarding the disclosure. Any relevant additional information should be provided in a response statement attached to the form. (Note: It would be preferable if this response statement could be included right on the disclosure statement, however, we realize there are space limitations on forms and thus you might need to request that the statement be attached. Please indicate if pages are attached.)

I hereby certify that the information provided on this form is true and accurate.

Print Name _____

Signature _____ Date _____

Subscribed and sworn this _____ day of _____ 200_____

Notary Public _____