

Mountain Ridge Chrysalis

PO Box 1437 • Asheville, NC 28802



To: All Mountain Ridge Chrysalis, Mountain Top Emmaus and Blue Ridge Emmaus volunteers over the age of 18

From: Mountain Ridge Chrysalis Board

Date: July 1, 2007

Re: Mandatory Background Checks

To conform to the youth protection (Safe Sanctuary) policy of the United Methodist Church, ALL adults (over age 18) MUST have a criminal background check before serving in any capacity during a Chrysalis Flight. This policy takes effect January 1, 2008. Each check is good for five years, at which time you will be notified to have the check renewed.

The checks are concerned with adults who have been charged and convicted of sexually based crimes and child molestation and abuse. The local checks should contain that information. If someone has been convicted of this type of crime and served their time, they are not allowed to participate in the Chrysalis program.

If you are a resident of Buncombe County, please fill out the attached form and mail, with a check for \$5.00 per person (payable to Mt. Ridge Chrysalis) to:

**Mack Salley
12 Northwood Rd.
Asheville, NC 28804**

If you are a resident of another county, you need to check with your Sheriff's Department who will run the "Criminal Background Check" and then you will need to mail the results to the address above. Those numbers are listed below. These results will not be shared with anyone other than the Community Lay and Spiritual Directors. While we need the entire report, we are predominately interested in sexual offenses. If you have any question about this policy, please contact Mack Salley at 258-2975.

Sheriff's Department Telephone Numbers:

Henderson	697-4911	Clay	389-6354
Transylvania	884-3168	Cherokee	837-2589
Haywood	452-6666	Swain	488-4844
Polk	894-8806	Macon	349-2152
Madison	649-2721	Graham	479-3352
Jackson	586-8901		



City-County Bureau of Identification

20 Davidson Drive
Asheville, North Carolina 28801

Phone 828-250-4664*Fax 828-250-6047

City-County ID – Centralized Data Entry



RECORD CHECK REQUEST / BUNCOMBE COUNTY

REQUEST FOR RECORD CHECK ON THE FOLLOWING INDIVIDUAL:

NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____
(MONTH) / (DAY) / (YEAR)

ADDITIONAL INFORMATION: _____
RACE SEX SOCIAL SECURITY#

THE INFORMATION LISTED BELOW IS **NOT REQUIRED** TO OBTAIN A RECORD CHECK

SIGNATURE OF PERSON REQUESTING INFORMATION

ADDRESS

AGENCY REQUESTING INFORMATION

NOTE: FROM THIS DATE, THE RECORD WILL REFLECT THE PAST SEVEN (7) YEARS ON MISDEMEANOR AND TRAFFIC OFFENSES AND THE PAST TWENTY (20) YEARS ON FELONY OFFENSES. ANY OTHER PERIOD WILL HAVE TO BE REQUESTED.