

VOLUNTEER/STAFF BACKGROUND CHECK AUTHORIZATION

Holy Cross Lutheran Church
Jenison, Michigan

Statement of Privacy

This authorization form is to be completed by all applicants over the age of 18 for any position involving the supervision or custody of minors. This is not an employment application form. This form is being used to help our church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. The completed form will be available only to designated Holy Cross staff members. Once the approval process has been completed, this document will be maintained in a secure file location.

Date: _____ Home Phone: _____ Cell: _____

Name: _____
Last First M Maiden/and or Previous

Home Address: _____
Street City Zip Code

Email Address: _____

Date of Birth (required for background check): _____ Race _____

Are you a member of Holy Cross Lutheran Church? YES NO If yes, how long? _____

If no, complete the following information on the church which you have been attending.

Church Name: _____ City _____

Personal References needed if applicant has been a member less than 3 years. Please list two people **other than** relatives.

Name _____ Phone _____ Relationship _____

Address _____

Name _____ Phone _____ Relationship _____

Address _____

Have you ever been convicted of, pleaded guilty to or no contest to a felony or misdemeanor involving assault, domestic violence, child abuse/neglect?

YES NO

If yes, please explain: _____

Have you ever been convicted of physical or sexual abuse of a minor? YES NO

If yes, please explain: _____

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give Holy Cross Lutheran Church any information that they may have regarding my character and fitness for working with children or youth. I authorize that a criminal records check be conducted on me once a year as long as I am volunteering in any position involving children and/or youth or as long as I remain on staff. I agree to hold harmless from liability any person or organization that provides or receives information. I also understand that I am required to attend a Child Protection Training Workshop. I agree to abide by the guidelines and policies of Holy Cross Lutheran Church.

Signature _____

Date _____

This form is to be submitted to the Holy Cross Staff Ministry Leader you will be serving under.

DO NOT WRITE BELOW THIS LINE

Child Protection Training Attendance Date _____

Personal References Checked By _____

Date _____

- Recommended for service.
- Hesitant to recommend for service.

Annual Criminal Background Check Conducted By _____

Date _____

- Cleared. No follow-up needed.
- Substantiation found. Follow-up needed.

Annual Criminal Background Check Conducted By _____

Date _____

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