

**APPLICATION & CRIMINAL RECORD FORM**

Revised 10/2015

This form is to be completed for any position involving the supervision or care of minors or vulnerable adults. This is being used to provide a safe and secure environment for the activities or programs of the church.

**Name** \_\_\_\_\_  
Last First Middle Maiden

**Additional Names:** \_\_\_\_\_  
Last First Middle Maiden

**Address:** \_\_\_\_\_

**ID or DL#** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

(Identity will be confirmed with a driver's license or official identification card.)

**I will be driving for church activities using my own vehicle** \_\_\_\_ Yes \_\_\_\_ No

**If Yes to the above question, complete form on the reverse side of this application** ..... ➔

**Present Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Mobile Phone:** (\_\_\_\_) \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I have been a regular attendee at OSLC, East Bethel, MN since** \_\_\_\_\_.

**Personal References (list 2) – All references will be checked**

Name	Complete Address	Phone Number(s)
1. _____	_____	_____
2. _____	_____	_____

○ **Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, please explain** \_\_\_\_\_

○ **Have you ever been convicted of a crime?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, please explain** \_\_\_\_\_

○ **Are there any legal charges pending against you?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, please explain** \_\_\_\_\_

*I hereby authorize Our Saviour's Lutheran Church to obtain and/or request information about my criminal history from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days notice of same.*

**I have received a copy of the Safety & Supervision Procedures for Children, Youth & Vulnerable Adults and accompanying forms and understand it is my responsibility to read it and understand it. I will direct any questions to the Risk Management Team at 763-434-6117.**

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents Signature if Applicant is a Minor** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(over)

<b>For Internal Use Only</b>
Requested by: _____
<b>Routing</b>
Background checked Date _____
By Initial _____
Reference form mailed on _____
(date) by Nancy (staff)
Date Reference form
returned _____
Shelby input _____
File _____

# Acknowledgement of Understanding of Vehicle Policy

I understand the Vehicle Policy and Module 10 pertaining to it

I am aware that automotive insurance liability will generally follow the flow below in the event of an accident, and as such, subject me to certain liability risks.

1. Owner of Vehicle \_\_\_\_\_  
Insurance Company Name and Policy Number \_\_\_\_\_  
\_\_\_\_\_

2. Driver of Vehicle \_\_\_\_\_  
Insurance Company Name and Policy Number \_\_\_\_\_  
\_\_\_\_\_

3. Church (only in furtherance of church activity)

I will maintain adequate insurance coverage whenever I am driving for a church activity or my car is used in a church activity. I have read the Vehicle Policy.

Signature of Driver \_\_\_\_\_

Date \_\_\_\_\_