
APPLICATION & CRIMINAL RECORD FORM / BACKGROUND CHECK

This form is to be completed for any position involving the supervision or care of minors or vulnerable adults at Our Saviour's Lutheran Church (OSLC). This is being used to provide a safe and secure environment for the activities or programs of the church.

ALL INFORMATION IS REQUIRED IN ORDER TO VOLUNTEER

Name _____
Last First Middle Maiden
Additional Names: _____
Last First Middle Maiden
Date of Birth _____

I will be driving for church activities using my own vehicle _____ Yes _____ No

If yes to the above question, you must read the Vehicle Policy and complete the Vehicle Policy Acknowledgement Form.

Ministry you are volunteering with (check all that apply):

Children's Ministry Confirmation Ministry High School Ministry

Present Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____ Occupation: _____

I've been a regular attendee at Our Saviour's Lutheran Church, East Bethel, MN, since _____

Personal References (list 2) – All references WILL be checked

Reference 1) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Reference 2) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

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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. That revocation must be in writing and given to OSLC with 30 days notice of same.

I have received a copy of the Child & Youth Abuse Prevention Program Safety & Supervision and understand it is my responsibility to read it and understand it. I will direct any questions to the Operations Administration Team at 763-434-6117.

Applicant Signature: _____ Date: _____

Parent Signature if Applicant is a Minor _____
Date: _____

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FOR INTERNAL USE ONLY	
Requested by: _____	
ROUTING	Reference form mailed (date) _____
Background checked (date): _____	Reference form returned (date) _____
	<input type="checkbox"/> Recorded in Shelby <input type="checkbox"/> Filed