

Pointe of Grace Lutheran Church Renewal Application to Work with Youth and/or Children

Contact Information:

Legal First Name	Last Name	Middle Name
Other prior names, including maiden names, and previously married names		
Street Address		
City	State	Zip Code
Home Phone	Work Phone	E-mail
Cell Phone	DOB	Occupation

Ministry Information:

Which area(s) of this ministry are you currently involved?
What other areas of this ministry, if any, do you plan to become involved?

Self-disclosure Section: Please circle appropriate response.

Have you had any driver's license or other license (professional) suspended or revoked? Current DL# _____ state _____ ***Please attach a photocopy of your current driver's license or photo id and insurance card***	Yes	No
Emergency Contact: _____ Relationship: _____	Phone: _____	
Have you been convicted of, or pleaded guilty or no contest to, any crime?	Yes	No
Have you ever been investigated by Child Protective Services or the Department of Social and Health Services for alleged child abuse or neglect?	Yes	No
Have you ever been asked not to attend another church or to cease volunteering with any other organization?	Yes	No
Is there any fact or circumstance in your background that would call into question the advisability of entrusting you with the supervision, guidance and care of young people?	Yes	No

RELEASE AND AUTHORIZATION OF RELEASE OF INFORMATION

I, _____, have applied for employment or volunteer status at Pointe of Grace Lutheran Church (the "Church"). I authorize the Church to contact any person or entity to obtain information concerning me, including, but not limited to, the employers, organizations, supervisors, governmental agencies and references that I listed in my application. Without limiting the foregoing, I understand and agree that this release allows the Department of Social and Health Services, including, but not limited to, Child Protective Services, to release information concerning me. **I hereby release and agree to hold harmless from liability any person or organization (whether listed in my application or not) who provides information or references about me to the Church or its directors, officers, employees, volunteers and agents. I also hereby release and agree to hold harmless the Church and its past, present and future directors, officers, employees, volunteers, and agents with respect to the obtaining of such information about me.** I waive any right I might have to inspect the references provided on my behalf. A copy of this release shall be as effective as a signed original.

I understand and agree that the Church may conduct a criminal background check on me upon an offer of employment or volunteer status and that the Church may continue to conduct future background checks should I be hired or continue to volunteer.

I have read this release and authorization of release of information, and enter it freely and voluntarily. By signing I certify that the information given is true and complete to the best of my knowledge.

THIS STATEMENT CONTAINS A RELEASE. PLEASE READ IT CAREFULLY.

Signature	Printed Name	Date
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