## Pointe of Grace Lutheran Church Application to Work with Youth or Children

		Last Name		Middle Name	
Other prior names, including	luding maiden names, and previously married names				
Street Address					
City		State	Zip Code		
Home Phone	Work Phone	E-mai	<u> </u> iI		
Cell Phone	DOB	Оссир	pation		
<b>Ministry Information:</b> With what age group of you	uth or children do you prefer t	o work?			
	ou done with youth and child		sh2		
What previous work have y	ou done with youth and child	ren unough a churc	)		
What non-church activities	have you done involving you	th or children?			
What time commitment car	n you make?				
Do you require any enecial	1 0' 100'				
	accommodations or modified	tions to parform the	tacke for which you are	voluntooring?	
Do you require arry special	accommodations or modifica	ations to perform the	e tasks for which you are	volunteering?	
Do you require any special	accommodations or modifica	tions to perform the	e tasks for which you are	volunteering?	
				volunteering?	
Occupation References: F	Please list all employers/occu	pations during the p	past five years.		
	Please list all employers/occu			volunteering?  Contact Pers	
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Occupation References: F Name	Please list all employers/occu	pations during the p	past five years.  Reference phone #	Contact Pers	
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Occupation References: Find Name  Volunteer References: Ple	Please list all employers/occu Ad	pations during the p dress which you have vo	past five years.  Reference phone #	Contact Pers	
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Name	No (not including employers or relative Address	Reference daytime phone #	e Rela	Relationship		
Connection to Pointe of Grace:						
Member  How long?	OSLC friend Prescl	nool parent/grandparent				
Self-disclosure Section: Please cir	cle appropriate response.					
Have you had any driver's license o	r other license (professional) suspend	led or revoked?	Yes	No		
Current DL#		state				
***Please attach a photocopy of yo	***Please attach a photocopy of your current driver's license or photo id and insurance card***					
Emergency Contact:	Relationship:		Phone:			
Have you been convicted of, or plea	Yes	No				
Have you ever been investigated by Health Services for alleged child about	Yes	No				
Have you ever been asked not to at organization?	Yes	No				
Is there any fact or circumstance in advisability of entrusting you with the	Yes	No				
	AND AUTHORIZATION OF RELEASE					
concerning me, including, but not references that I listed in my applicate the Department of Social and Heat information concerning me on any form liability any person or organ references about me to the Church release and agree to hold harmle volunteers, and agents with respect to inspect the references provided or	, have applied for ch"). I authorize the Church to condimited to, the employers, organization. Without limiting the foregoing, alth Services, including, but not limited for its directors, officers, employed or its directors, officers, employed to the obtaining of such information my behalf. A copy of this release should be conducted a criminal background in the conduct of the co	ntact any person or entitions, supervisors, government of the line	tity to obtained that this reverse Services agree to how or ovides infragents. Its, officers, we any right signed original entry to the signed original entry that the signed or in the signed or	n information information information in informatio		
	n may continue to conduct future bac					
	orization of release of information, a ormation given is true and complet			. By signing		
THIS STATEMENT	CONTAINS A RELEASE. PLE	EASE READ IT CAP	REFULLY			
Signed			 Date			