



The Lutheran Church of the Good Shepherd
Approved Adult and Assistant Adult Volunteer Application

CONFIDENTIAL

This application is to be completed by all applicants (volunteer or compensated) who are involved in the supervision or custody of minors. This is not an employment application form. The purpose of this form is to help ensure that The Church provides a safe and secure environment for those children who participate in our programs and use our facilities. **This form will only be reviewed by the Office Manager to conduct the background check and the Pastor and/or Council President for approval.**

GENERAL INFORMATION

Date _____
First Name _____ Last Name _____
Address _____
City, State and Zip Code _____
Home Phone _____ Mobile Phone _____
E-Mail Address _____

Are you are a member of The Lutheran Church of the Good Shepherd? Yes No
If yes, since when: Year _____

If no, are you a member of another church? If yes, please name the church. _____

Position(s) being applied (Sunday School teacher, youth chaperone, etc.)

EMPLOYMENT HISTORY

Current Employer _____
Address _____ City _____ St _____ Zip _____
Supervisor _____ Phone Number _____
Current Position _____

PERSONAL SITUATIONS

Are you? Single Married Widowed Divorced

Do you have children of your own? Yes No

Have you ever been arrested, convicted or pleaded guilty to a crime?

Yes No

If yes please explain:

Have you ever (a) been accused of or charged with committing, (b) been alleged to have committed, or (c) committed an act of neglecting, abusing or molesting a child? Yes No

If yes please explain:

Is there any circumstance or pattern in your life that may make it inappropriate for you to work with children?

Yes No

If yes please explain:

References

Please list at least 2 personal references who are not members of your family.

Name _____
Address _____ City _____ St _____ Zip _____
Relation _____ Phone Number _____

Name _____
Address _____ City _____ St _____ Zip _____
Relation _____ Phone Number _____

REQUEST AND AUTHORIZATION FOR CRIMINAL BACKGROUND RECORDS CHECK

*Needed for those applying to be an **Approved Adult only**. At least one Approved Adult is needed for each youth activity.*

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in criminal files maintained on me, whether local, state, federal or military. I hereby release local, state, federal or military agencies from any and all liability resulting from such disclosure.

Print Full Name _____

Print Maiden Name _____

Date of Birth _____ Place of Birth _____

Driver's License Number _____

SS # _____

Signature _____ Date _____

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 any information (including opinions) they have regarding my character and fitness for work with children. I authorize the release of information contained in this application to the Pastor and Council President of The Lutheran Church of the Good Shepherd. In consideration of the receipt and evaluation of this application by The Lutheran Church of the Good Shepherd, I hereby release any individual, church, children’s organization, charity, employer, reference, or any other person or organization, including records custodian, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me my heirs, or family, on the account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I release and discharge the Church and its agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. After reading this document, I fully understand its contents and authorize the Church to obtain this information.

Applicant’s Signature _____ Date _____

For Office Use

Application received on: _____

Background check received (if applicable) _____

Application approved Yes No

Pastor/Council President Signature

Date