

## 8.4 Adult Worker Screening Form

Please complete this screening form if you desire to serve in a Water of Life Lutheran Church-sponsored program involving children or youth under the age of 18. We are using this to help our congregation provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. **All information provided on this form will be kept confidential.**

A background check of your relevant criminal record will be conducted. All applicants must give authorization at the end of this form for Water of Life Lutheran Church to conduct a criminal record check. Depending upon the information you provide and the results of the criminal record check, an interview with the Pastor or the staff member or volunteer directing the applicable program may be required.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

If you have been at your present address for less than 5 years, please list your previous address(es).

Previous Address \_\_\_\_\_

Previous Address \_\_\_\_\_

For what type of youth or children's work are you applying? \_\_\_\_\_

Are you a member of Water of Life Lutheran Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

List (name and address) other churches you have attended regularly during the past five years.

\_\_\_\_\_  
\_\_\_\_\_

Please give two **personal references** (not a relative).

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to a crime involving child abuse or molestation, or any sex or violent crime?

\_\_\_\_\_ Yes (If yes, please explain. Attach a separate page, if necessary.) \_\_\_\_\_ No

Do you have a current driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list your driver's license number \_\_\_\_\_

**A copy of your current driver's license MUST be attached to this form.**

Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                    Month                    Day                    Year

## **Criminal Records Check Authorization and Applicant's Release**

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 you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by Water of Life Lutheran Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, 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 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 hereby give my permission for Water of Life Lutheran Church to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment or volunteer position with Water of Life Lutheran Church. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review the criminal history and a process is available for clarification, if I dispute the record as received. I also understand that, by law, I may see a copy of the transcript, for its review, but may not receive a copy of the document in any fashion or form.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify Water of Life Lutheran Church and each of the officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money claims, demands, whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or employee of Water of Life Lutheran Church.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF. I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Witness Name*