

STAFF/VOLUNTEER SCREENING RELEASE

ST. JOHN'S LUTHERAN CHURCH



APPLICANT INFORMATION - ALL INFORMATION IS REQUIRED

Name (Last, First, Middle) _____

Mailing Address _____ City _____ State _____ ZIP _____

Other Names Used by Applicant (if any): _____

Date of Birth _____ Place of Birth _____ Social Security Number _____

Driver's License # _____ Issuing State _____ License Expiration Date _____

Ministries with which you volunteer: _____

AUTHORIZATION & REQUEST FOR CRIMINAL RECORDS VERIFICATION & FINGERPRINT INFORMATION -

Read & Sign Below

I, _____, hereby authorize St. John's Lutheran Church to obtain and/or request information about my criminal history and fingerprints 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 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, but that revocation must be in writing and give 30 days' notice of same.

Signature of Applicant _____ Date _____