

PRE-VOLUNTEER DISCLOSURE AUTHORIZATION AND RELEASE

I understand Richland Lutheran Church, Protect My Ministry, or other authorized third parties will be conducting a background check in connections with my application to work with children, youth, and/or any other vulnerable populations. This background check will include an inquiry into my general character or reputation, driving history, criminal history, and such other information that may be required.

I understand a background check may be performed by Richland Lutheran Church or their representative as part of the volunteer placement process in order to evaluate the suitability of an applicant for ministry and is not conducted for any other purpose other than in connection with an application to volunteer. I understand the information supplied by me shall be used solely for the purposes of obtaining information, validating or verifying information received, as part of the background check.

I, the undersigned applicant for volunteer activity/employment, have read this Pre-Volunteer Disclosure and by signing below, hereby authorize Richland Lutheran Church, its representatives, agents and authorized third parties, including Protect My Ministry, to conduct a background check, as described herein, in conjunction with my application to volunteer and hereby release said parties from any and all liabilities related to the use, procurement, or disclosure of any information provided by me or obtained about me in connection with my application for employment and a background check that may be performed. I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to Richland Lutheran Church, Protect My Ministry or their representatives and agents, in connections with this authorization and release. I voluntarily provide my date of birth and other required information in order to obtain, and verify records obtained, in the background check.

Signature: _____ Date _____

Printed Full Name: _____

If applicant is under 18 years of age, a parent/guardian must give approval, by signing this form, for a background check to be performed.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Printed Name: _____

****THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS. ****

Current Address: _____
(Required) _____

County/Countries of Residence _____
(List all for last 10 years)

Prior Names _____

Social Security Number: _____
(Required)

Date of Birth _____
(Required)

Email Address _____
(Required)