Permission for Criminal History Check

This information is required from all persons who work directly with children or youth at Christ Lutheran Church. This is confidential information and is protected as such. Once completed, this form is stored in a locked file cabinet with very limited access. Thank you for your cooperation in supplying this information. CONTACT the Faith Formation Team with questions or ckussow.ops@clczionsville.org.

Legal Name _____ | _____ | _____
(Last) (First) (Middle)

_____
(Other names used / Maiden, if applicable)

Address _____ | _____
(Street address) (Suite / Apartment #)

_____ | _____ | _____
(City) (State) (Zip)

Cell phone (____) _____-_____ Other phone (home/work) (____) _____-_____

Date of Birth ____/____/_____ Social Security Number (if requested) ____-____-_____

Sex _____ Race _____

Place of Birth _____
State Country

Type of Volunteer (e.g. MomCo. Sunday school, Youth, VBS, etc.) _____

Have you ever been accused, charged, convicted, or pleaded guilty to a crime including DWI? (other than minor traffic offenses) Yes No
(If yes, please explain - attach a separate page if necessary) _____

If driving youth for an event enter info:
Do you have a current driver's license? Yes No
If yes, list your driver's license number and state of issuance: _____

I willingly give my permission to have Christ Lutheran Church, submit an application for a criminal history check for:

_____ _____ ____/____/_____
Print name Signature Today's Date