

Children/Youth Worker

Permission for Criminal History Check

This information is required from all persons who work directly with children or youth at Christ Church for more than 12 hours a year. 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.

Name _____] _____] _____] _____
(Last) (First) (Middle) (Maiden, if applicable)

Address _____] _____] _____] _____
(City) (State) (Zip)

Home phone (____) _____ Work phone (____) _____

Social Security Number _____ Date of Birth _____

Sex _____ Race _____

Place of Birth _____

Type of Volunteer: (e.g. M.O.P.S. Sunday school, Journey, 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)

Do you have a current driver's license? Yes ___ No ___
(If yes, please list your driver's license number : _____)

I willingly give my permission to have *Christ Lutheran Church*, submit an application for a criminal history check for
(Print name) _____.

Applicant's Signature _____ Date _____