

United Lutheran Church - Volunteer Application

628 W 5th Street
 Red Wing MN 55066
 651.388.3583

Confidential

Basic Information

Name _____
 First MI Last

Address _____
 Street Address City State Zip

Phone numbers _____
 Home Work Cell

Best times to reach me at home are _____ May we call you at work? Yes No

Employer _____

Position at work _____ Years at current job _____

Email _____

Birth Date (please include year) _____

Driver's License # _____ (only if you will be driving kids for ULC programs)

Social Security Number (needed for background check) _____

How long have you attended this church? less than 1 year 1-3 years 3-5 years 5+ yrs

Emergency contact _____ Phone _____
 name and relationship

Tell Us About Yourself

1. What have you been doing to grow spiritually in the past year?

2. What would you do to maintain your spiritual growth as a volunteer?

3. Why are you interested in serving as a volunteer youth worker?

References

Please provide three character references (other than family members who can identify your strengths and weaknesses and describe your background. A member of the church staff will contact one or more of these references.

1. _____
Name Address Home / work phone Relationship

Notes (staff only):

2. _____
Name Address Home / work phone Relationship

Notes (staff only):

3. _____
Name Address Home / work phone Relationship

Notes (staff only):

Medical Information

Have you had any prior injuries that might be aggravated by working in youth ministry? _____

Are you currently taking any medication prescribed by a doctor for physical or other conditions that would affect your ministry? _____

Do you have any medical conditions that might be hazardous to others? _____

If you answered yes to any of the questions above, please attach another page and explain completely.

Background information

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect?

yes no

Have you ever been accused or convicted of possession / sales of controlled substances or of driving under the influence of alcohol or drugs?

yes no

Are you using illegal drugs?

yes no

Have you been arrested or convicted for any criminal act more serious than a traffic violation?

yes no

Have you ever been involved romantically or sexually with any student in the youth ministry, or had sexual relations with any minor after you became an adult?

yes no

Have you ever gone through treatment for alcohol or drug abuse?

yes no

Have you ever been asked to step away from ministry or work with students or children in any setting, paid or volunteer?

yes no

Is there anything in your past or current life that might be a problem if we found out about it later?

yes no

If the answer to any of the above questions is yes, please attach another page and write a full explanation. These will be discussed confidentially with you at a future date.

Waiver / Release

I, the undersigned, give my authorization to United Lutheran Church and its representatives to verify the information on this form. The Church may contact my references as deemed necessary in order to verify my suitability as a church youth ministry worker.

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 student ministry. In consideration of the receipt and evaluation of this application by The Church,

In order to protect both children and the adults who work with them, United Lutheran has created a policy called "Safe Congregation For Kids" under which we may obtain background information about you from a third party reporting agency.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative report. Please be advised that the nature and scope of the most common form of investigative report obtained with regard to applicants is an investigation into national criminal registry and, if you will be driving kids from the church, your driving history. This search will be conducted by:

LexisNexis Screening Solutions Inc
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-845-6004

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this document. I hereby authorize the obtaining of a criminal background and/or driving record check by the Company at any time after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis Screening Solutions Inc, another outside organization acting on behalf of the United Lutheran, and/or United Lutheran itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name: _____ First: _____ Middle Init: _____

Signature: _____ Date: _____

(If Under 18, parent signature): _____

Should my application be accepted, I agree to be bound by the policies and guidelines of ULC's "Safe Congregation for Kids", and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church.