

<b>VOLUNTEER INFORMATION FORM – ADULT</b>				
Screening Form for Those Working with Minors or Mentally Handicapped				
This form is to be completed for any position (paid or volunteer) involving the supervision or care of minors or the mentally handicapped. This is being used to provide a safe and secure environment for the activities or programs of the church.				
Name				
	Last	First	Middle	Maiden
ID or DL#		DOB		
(Identity MUST be confirmed with a driver's license or DPS identification card.)				
Present Address				
City		State		Zip
Phone		Email		
Occupation			Work Phone	
If less than one year				
Previous Address				
City		State		Zip
Phone		Email		
Occupation			Work Phone	
Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse? ____yes ____no				
If yes, please explain:				
Personal References (3)				
Name		Address		Telephone
An attachment of a photograph of the applicant will be made to this document if approved as a volunteer or paid staff member of Epiphany Lutheran Church. Photograph shall be updated every 2 years or as needed.				
Signature:			Date:	

### WORKER'S STATEMENT

The information contained in this Volunteer Information Form is correct to the best of my knowledge. I authorize any references to give you any information, including opinions, which they may have regarding my character and fitness for work with minors or the mentally handicapped.

In consideration of the receipt and evaluation of this application by Epiphany Lutheran Church, I, \_\_\_\_\_, hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me or my references in this screening form.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of Epiphany Lutheran Church and to refrain from unscriptural conduct in my performance of services on behalf of Epiphany Lutheran Church. I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act. This is a legally binding agreement which I have read and understand.

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Print Name Date

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Applicant's Signature

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Print Witness Name Date

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Witness's Signature

## Epiphany Lutheran Church

## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_ (applicant's complete name), hereby authorize Epiphany Lutheran Church and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications for employment now, and if applicable, during the tenure of my employment with Epiphany Lutheran Church.

I release Epiphany Lutheran Church and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

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 Full Name (Printed)

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 Male or Female (circle)

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 Maiden Name or other names used

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 Present Address

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 How Long?

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 City

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 State

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 Zip

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 Former Address

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 How Long?

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 City

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 State

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 Zip

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 Date of Birth

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 Social Security #

---

 Driver's License #

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 State of License

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 Signature

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 Date