

Authorization for Background Records Check
Bethlehem Lutheran Church ELCA

CONFIDENTIAL

Name: _____ Date: _____

Have you ever been convicted of a violent crime, sexual misconduct or abuse or related offenses?

Yes No If yes, please explain: _____

Have you ever been charged with a violent crime, sexual misconduct or abuse or related offenses?

Yes _____ No if yes, please explain: _____

Have you ever been the subject of a complaint to any employer, government, or other agency, organization, or person, charging sexual abuse, misconduct, or harassment?

Yes No if yes, please explain: _____

Have you ever been convicted of a DUI?

Yes No if yes, please explain: _____

Have you ever been convicted of a felony drug related offense?

Yes No if yes, please explain: _____

Studies have shown that individuals who abuse children/vulnerable adults have often been abused themselves as children. If you were abused as a child, or have ever been an abuser of the partner of an abuser, or have been involved in any way in an abusive situation, and are concerned that these experiences might impact your care of children/vulnerable adults, please share this with the pastor. Our pastor will help you or will refer you to professional help in the community if necessary.

Because leaders of youth/vulnerable adults are role models, smoking and the possession and/or use of alcohol is inappropriate while supervising minors. Thus, if you smoke or drink, even occasionally, would you be willing to agree that you would abstain from any use of tobacco or alcohol while in the presence of youth/vulnerable adults in church sponsored or related activities?

Yes No

Your comments:

Please provide the names, addresses, and phone numbers of two contacts (individuals, agencies or organizations) which are acquainted with your work with children.

All the information I have provided in the process of applying to work with the children/vulnerable adults of Bethlehem Lutheran Church is true and correct to the best of my knowledge. I voluntarily and knowingly authorize any person named herein as a contact to give the staff of Bethlehem Lutheran Church any information they may have regarding my character and fitness for working with children and youth. I voluntarily release and agree to hold harmless from liability (a) all such agents, that provide information in connection with this form, and (b) Bethlehem Lutheran Church and its officers, employees and volunteers in connection with the verification of any information provided in this form.

I have been informed that the Bureau of Criminal Apprehension will be asked to conduct a background records check under the Wisconsin Child Protection background Check Act.

I understand that I will be the subject of this background check for purposes of my employment to determine whether I have been arrested or convicted of any crime defined under the Act.

I understand I have the right to be informed of the response to request for a background records check and to obtain a copy of the report, or any record that forms the basis of the report, from the requesting party.

I understand I have the right to challenge the accuracy and completeness of any information contained in the report or record under the relevant information provisions of the Data Practices Act.

I understand that I have the right to be informed by Bethlehem Lutheran Church if my volunteer services may be terminated because of the report from the Bureau of Criminal Apprehension.

I authorize the Wisconsin Bureau of Criminal Apprehension to disclose all criminal history record information to Bethlehem Lutheran Church.

Applicant Signature: _____ Date: _____

Signature of Reviewing Staff Person: _____
Date: _____

Applicant: _____
(Last) (First) (Middle)

Maiden Name (if applicable): _____

All Aliases: _____

Driver's License #: _____

Date of Birth: _____ Place of Birth: _____
City, State, Country

Social Security Number: _____