

INFORMED CONSENT & APPLICATION FOR VOLUNTEERS & CRIMINAL BACKGROUND CHECK

Mt. Olive Lutheran Church
700 Western Street Anoka Mn. 55303
Telephone (763)421-3223 Fax (763) 576-9626

Mt. Olive Lutheran Church, in accordance with its Risk Management Guidelines, reserves the right to request a criminal background check of all volunteers and staff involved with ministry to children, youth, and vulnerable adults.

The following named individual has made application with our church ministries for volunteering with children, youth and vulnerable adults:

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex (M or F)** _____
Month/Day/Year

Social Security Number: (Optional) _____

Does your health limit your ability to volunteer? _____

Current First Aid Certification Yes ___ No ___ Current CPR Certification Yes ___ No ___

I understand that under Minnesota Statute 299C.60-64 I have the following rights. (1) the right to be informed that a background check is being performed as part of the application process to volunteer or for purposes of continuing to volunteer in with children, youth, and vulnerable adults. (2) the right to be informed concerning the response of the background check and to receive a copy of the background check report. (3) the right to obtain any record that forms the basis for the report. (4) the right to challenge the accuracy and completeness of the information contained in the report or record pursuant to section 13.04, subdivision 4. (5) the right to be informed by Mt. Olive Lutheran if the volunteer's application has been denied because of the results of the background check. (6) the right not be required directly or indirectly to pay the cost of the background check.

I am assured that the information contained in any background report, application, and other related information will be kept confidential and available only to ministry staff with a need to know.

I authorize the Minnesota Bureau of Criminal Apprehension (MBCA) and/or the Federal Bureau of Investigation (FBI) to disclose criminal history record information to Mt. Olive Lutheran Church pursuant to Minnesota Statute 299C.62 for the purpose of volunteering with the church.

Because we want to do everything reasonable to protect our children, youth and vulnerable adults, we need access to many methods of screening, including an application with references, active membership of at least six months, and the option to perform a criminal records check. Are you willing to let us do a thorough background check on you?

_____ YES _____ NO

Voluntary Statement

*If for any reason you prefer not to answer the following two questions in writing, you may discuss your answers in confidence with the pastors. An applicant will not automatically be disqualified based on answers to these questions. **Your response will be kept confidential.***

1. Have you ever been convicted of a crime against another person? Yes ___ No ___

**2. Were any members of your family subjected to abuse or molestation while a minor?
Yes ___ No ___**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed on the reverse of this sheet to give you any information [including opinions] they may have regarding my character and fitness for work with children, youth or vulnerable adults. In consideration of the receipt and the evaluation of this information by Mt. Olive Lutheran Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, 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 attempts to comply with this authorization. Should my statement be accepted, I agree to be bound by the Bylaws and guidelines of Mt. Olive Lutheran Church, and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE ABOVE RELEASE AND KNOW THE CONTENTS THEREOF; AND SIGN THIS RELEASE AS MY OWN FREE ACT

Applicant's Signature _____ **Date** _____

Applicant's Name [Printed] _____ **Date** _____

Witness Signature _____ **Date** _____

Information will be kept confidential and is intended for supervisor and staff use only

This authorization shall expire one (1) year from the date of my signature.

Signature of Applicant

Subscribed and sworn to before me on

Date: _____.

Notary