



LUTHERAN SCHOOL  
SINCE 1983

**VOLUNTEER BACKGROUND CHECK AUTHORIZATION**

In an effort to create a safe environment for your children and our staff, we will require background checks for our volunteers working directly with children. We have instituted this policy in light of what has been happening in schools across the nation. Working with children includes but is not limited to being a chaperone, driving on field trips, room moms, or teachers aids. We have the ability to run a background check through a system called Protect My Ministry. Please return this form to the school office. All forms will be shredded after the background is checked.

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize Hope Lutheran Church and School and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Hope Lutheran Church and School or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

(over)

I hereby release Hope Lutheran Church and School, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*A background check has been performed on the above-named volunteer, and no material or applicable charges were found against him/her. Therefore, this person is approved to serve as a qualified volunteer for Hope Lutheran School.*

Approved by: \_\_\_\_\_  
Name Title Date