

Criminal Background Check  
Authorization Form

Hiring Entity: Advent Lutheran Church

As a church, we value the safety of families in our care, our employees and volunteers, and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the ELCA recommends that criminal history background checks be conducted for all employees and volunteers. A volunteer is defined as an unpaid person working at the church who on a regular basis, sees, works with or is around children in an unsupervised situation, or has the potential to be alone with children, or in a position to observe those who are. Please complete this form of basic information about you, which assures the best possible program and safety for all. Upon completion, return this form to the Church Administrator.

Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Social Security # : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Known by any other names: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Number of years in North Carolina: \_\_\_\_\_ If less than 7 years, please list all previous residence(s) outside of North Carolina in the past 7 years:

(1) \_\_\_\_\_

Street City State Zip County

(2) \_\_\_\_\_

Street City State Zip County

Capacity in which you are employed/volunteering: \_\_\_\_\_

Driver's license # : \_\_\_\_\_ State: \_\_\_\_\_

\*Race: \_\_\_\_\_ \*Gender: \_\_\_\_\_

Authorization:

I understand that investigative inquiries on my background are to be made about me, to assess whether any reason exists that would suggest that I not be accepted for the position. These inquiries will be made according to policies of the hiring entity and will consist of a criminal history background check and/or driving record check using the services of Advent Lutheran Church or a designated outside firm. The information received will be kept confidential and will be used only to determine my suitability for the above noted position. I authorize without reservation, any party contacted to furnish any or all of the above-mentioned information. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation. In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future.

\_\_\_\_\_  
(Signature of Volunteer / Employee)

\_\_\_\_\_  
(Date)

\*Note: Date of birth, gender, race are being requested only for purposes of identification in obtaining accurate retrieval of records.