



Epiphany Lutheran Church

6430 Far Hills Avenue, Centerville, OH 45459 | 937.433.1449

This form is to be completed for any position (paid or volunteer) involving the supervision or care of minors. This is being used to provide a safe and secure environment for the activities or programs of the church. **The cost of each background check is \$35.00. Any donation you can make to help with that cost would be greatly appreciated. Checks may be made payable to Epiphany Lutheran Church, with "Background Check" in the Memo Line to the church office.**

ADULT VOLUNTEER APPLICATION FOR THOSE WORKING WITH MINORS

Full Name: _____
Last First M.I. Maiden

ID or DL#: _____ Date of Birth: ___/___/___ Gender: M F SS# _____
(Identity **MUST** be confirmed with a Driver's License or State Issued ID Card)

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Permission to Text You? Yes No

E-Mail Address: _____ Permission to Friend you on Facebook? Yes No

Occupation: _____ Work Phone: (____) _____

If you have lived at your current address for less than one year:

Previous Address: _____

City: _____ State: _____ Zip: _____

Yes No **Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any misdemeanor other than a traffic offense?**

Yes No **Have you ever been convicted of, found guilty of, pled guilty to, or pled no contest to any felony?**
If yes, please explain. _____

Personal References: Please provide three (3) non-related personal references.

| Name | Address | Phone Number | E-Mail |
|------|---------|--------------|--------|
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Signature Statement

The information contained in this application 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.

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 the compliance or any attempts to comply with this authorization. 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 the performance of my services on behalf of Epiphany Lutheran Church.

Any false statement in this application shall result in my immediate termination, regardless of when the falsification was discovered.

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.

Applicant Signature: _____ **Date:** ___/___/___