

Volunteer Screening Form

It is our heartfelt prayer that the youth of the Nebraska Synod find youth ministry events to be meaningful experiences where they feel safe and secure at all times. For this reason, we are requiring all adult leaders to complete this Volunteer Screening Form. We sincerely hope that you will not be offended by this form but rather understand the importance of providing a safe environment for our youth. We thank you for your willingness to "give of yourself" to make this experience possible for our youth and for your cooperation in safeguarding their wellbeing.

Last Name _____ First Name _____ Middle Name _____

Maiden Name (if applicable) _____ Date of birth ____/____/____ (month/date/year)

Social Security Number _____ - _____ - _____

Current Street Address _____

City _____ State _____ Zip _____

Previous addresses within the last ten years, if different from above, beginning with the most recent:

a. _____
Street City State Zip County

b. _____
Street City State Zip County

Home Phone: () _____ Work Phone: () _____ E-mail: _____

Congregation: _____ # of years member _____

Have you ever been convicted of a crime, including any child abuse related offense? Yes _____ No _____
If yes, please explain.

Have you ever been accused of any child abuse related offense? Yes _____ No _____
If yes, please explain.

I understand and agree that a background investigation may be conducted with respect to me and that the information I have provided the Nebraska Synod of the Evangelical Lutheran Church in America may be verified by contacting persons and organizations with whom I have had contact or which may have information concerning me. I agree to release from liability and damages the Nebraska Synod of the Evangelical Lutheran Church in America and its agent(s) who conduct and participate in any such review and those individuals, organizations and their agent(s) who provide information about me during this review, only to the extent that such information is released without malicious intent. All materials pertaining to the background check shall be the property of the Nebraska Synod of the Evangelical Lutheran Church in America. I authorize all such persons to treat a photocopy of this Authorization as though it were an original, executed Authorization.

Dated this _____ day of _____, 20_____

_____ Signature

_____ Please Print Name

Please print, complete and return this form to: Lisa Kramme, Nebraska Synod ELCA, 6757 Newport Ave., Suite 200, Omaha, NE 68152 OR lisakramme@nebraskasynod.org.