

**SCREENING FORM**  
For Involvement in Youth Activities at  
Concordia Lutheran Church

We appreciate the gift of your presence in this ministry. We know that those who freely give of themselves to youth ministry are being used by God to build His kingdom here, in this place. We regret any inconvenience that this process causes you. We hope you will agree with us that the protection of our young people from that rare person who would prey on them is worth the time we spend on this process.

Please complete this screening form if you desire to serve in Concordia's youth activities. We are using this to help our church provide a safe and secure environment for those children and youth who participate in our activities and use our facilities. All information provided on this form will be kept in strictest confidence and will be kept in a secure location under lock. This form will be destroyed upon successful completion of the background check.

**PERSONAL DATA**

Name: \_\_\_\_\_  
                                Last                                First                                Middle

Maiden Name or Other Names Used: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present address: \_\_\_\_\_  
                                Street Number                                City                                State                                Zip

Do you have a current driver's license?     Yes     No

    If yes, please list license #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Prior Addresses (going back five years):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex:     Male;     Female    Place of Employment: \_\_\_\_\_

Are you a member of Concordia Lutheran Church?     Yes;     No

List (name & address) other churches you have attended regularly during the past five years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONTACT INFORMATION

In the event of an emergency, please contact:

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Name	Relationship	Phone Number
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## PERSONAL REFERENCES

Please give two references (not former employers or relatives):

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been convicted of or had any of the other actions contained in Section IV of this policy for any of the qualifying offenses also described in Section IV of this policy?

\_\_\_\_\_ Yes (If yes, please explain. Attache a separate page, if necessary).

\_\_\_\_\_ No

## BACKGROUND INVESTIGATION CONSENT AND RELEASE

I hereby authorize Concordia Lutheran Church of Garland, Texas, or its representatives, in the area of youth ministry to make an independent investigation of my background, references, character, past employment, criminal or police records, including those by both public and private organizations and all public records for the purpose of confirming the information contained on this Screening Form, and/or obtaining other information which may be material to my qualifications to serve Concordia youth.

I release Concordia Lutheran Church of Garland, Texas, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

By signing his from, I certify and affirm:

- 1) That all the information given is true, complete and correct in all respects,
- 2) I have read the release and understand the contents therein,
- 3) Make signature below of my own free will.

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Adult's Signature

Date