VOLUNTEER INFORMATION FORM   Statement of Confidentiality

This application is to be completed by all applicants for any position involving the supervision of children (minors). This is not an employment application form. This form is being used to help our School provide a safe and secure environment for the children in our facilities. The completed application will be available only to the Principal. Once the approval process has been completed, this document will be maintained in a secure file location.

Name: _____ Date of Birth_____
          Last   First   Middle Initial

Home Address:_____
                    Street   City   State   Zip

Occupation:_____Martial Status:_____Phone Number_____

Are you a member of Immanuel Lutheran Church? ____No   _____Yes ,   if yes how long?_____

If no, please complete the following information on the church of which you have been a member of the past five years.

Church Name:_____ Phone Number_____

City_____ Pastors Name_____

 **** Do you have any health condition that might put a child at risk?   Yes____No____ If yes, briefly explain

_____

****Have you ever been convicted of or pleaded guilty to a misdemeanor or felony? Yes____ No____ , if yes, briefly explain

_____

****Do you now, or have you ever, had a substance abuse problem? Yes____ No_____, if yes, briefly explain

_____

****   Do you use illegal drugs?   Yes____ No_____, if yes briefly explain _____

Have you ever been charged with physical or sexual abuse of a minor? Yes____ No___   If yes, briefly explain

_____

Applicant's Statement: This information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give Immanuel Lutheran School any information that they may have regarding my character and fitness for working with children/youth. I also authorize that a Criminal Record Check be conducted on me and that any information regarding conviction be related to Immanuel Lutheran School. I agree to hold harmless from liability any persons or organization that provides or receives information. I agree to abide by the guidelines and policies of Immanuel Lutheran School.

Signature: _____ Date_____