

RESTRICTED AND CONFIDENTIAL

SCREENING APPLICATION FOR PERSONS WHO WORK WITH CHILDREN OR YOUTH

St. Mark's Lutheran Church of Olathe, Kansas, Inc.

This *Screening Application* is to be completed by all persons over the age of 14 years who want to serve in any position, paid or unpaid, with St. Mark's Lutheran Church of Olathe, Kansas, Inc. that involves working with children or youth. **This is not an employment application form.** The intent of this application is to help the congregation provide a safe and secure environment for children, youth and paid and unpaid workers participating in our programs.

The applicant will also complete a *Child Abuse and Neglect Central Registry Release of Information*, and submit with this Screening Application. Other consent or release documents when required by St. Mark's or any independent firm retained to do a routine criminal/background investigation will be completed as a follow-up to this *Screening Application*. This *Screening Application* shall be updated on request or at any time that the information changes.

Application Date: _____

CONTACT INFORMATION: RESIDENTIAL, EDUCATIONAL, CHURCH AND PERSONAL

A. CURRENT INFORMATION

Name: _____ SSAN: _____
Complete Name: First, Middle, Last

Present Address: _____
Street Address City, State, Zip Code

How long at this address? _____ Names Used: _____
Years, / Months

Home telephone: (____) _____ Mobile telephone: (____) _____

Work telephone: (____) _____ E-Mail: _____

B. ADDRESSES DURING THE PAST FIVE YEARS AND NAMES USED DURING RESIDENCY

1. Previous Address: _____
Street Address City, State, Zip Code

Dates at that address? _____ Names used: _____

2. Past Address: _____
Street Address City, State, Zip Code

Dates at that address? _____ Names used: _____

3. Past Address: _____
Street Address City, State, Zip Code

Dates at that address? _____ Names used: _____

4. Past Address: _____
Street Address City, State, Zip Code

Dates at that address? _____ Names used: _____

C. EDUCATIONAL HISTORY

Please list for each of your post high school educational experiences:

1. Name of Institution Attended: _____

Address: _____
Street Address City, State, Zip Code

Names used: _____

RESTRICTED AND CONFIDENTIAL

SCREENING APPLICATION FOR PERSONS WHO WORK WITH CHILDREN OR YOUTH

2. Name of Institution Attended: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Names used: _____

3. Name of Institution Attended: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Names used: _____

CHURCH HISTORY AND INVOLVEMENT WITH CHILDREN & YOUTH

A. PRESENT CHURCH INVOLVEMENT

Are you a member of St. Mark's Lutheran Church? YES NO

If not, the name of church where you are a member: _____

Do you regularly attend St. Mark's Lutheran Church? YES NO

How long have you been a member or been regularly attending St. Mark's? _____

B. OTHER CHURCHES YOU HAVE ATTENDED REGULARLY OR BEEN A MEMBER OF DURING THE PAST FIVE YEARS.

1. Church Name: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Telephone: (____) _____ Dates Attended: _____

Type of Work Performed Involving Children or Youth: _____

2. Church Name: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Telephone: (____) _____ Dates Attended: _____

Type of Work Performed Involving Children or Youth: _____

3. Church Name: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Telephone: (____) _____ Dates Attended: _____

Type of Work Performed Involving Children or Youth: _____

C. PREVIOUS NON-CHURCH WORK INVOLVING CHILDREN OR YOUTH (PAID OR UNPAID)

1. Name of Organization: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Telephone: (____) _____ Dates: _____

Type of Work Performed: _____

RESTRICTED AND CONFIDENTIAL

SCREENING APPLICATION FOR PERSONS WHO WORK WITH CHILDREN OR YOUTH

2. Name of Organization: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Telephone: (____) _____ Dates: _____

Type of Work Performed: _____

3. Name of Organization: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Telephone: (____) _____ Dates: _____

Type of Work Performed: _____

NAMES AND AGES OF YOUR OWN MINOR CHILDREN, IF ANY

Name of Child

Age of Child

<i>Name of Child</i>	<i>Age of Child</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL REFERENCES

(Not a former employer or relative. One reference must be a member of St. Mark's)

1. Name: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Telephone: (____) _____ How long have you known? _____

How do you know this person? _____

2. Name: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Telephone: (____) _____ How long have you known? _____

How do you know this person? _____

3. Name: _____

Address: _____
Street Address *City,* *State,* *Zip Code*

Telephone: (____) _____ How long have you known? _____

How do you know this person? _____

RESTRICTED AND CONFIDENTIAL

SCREENING APPLICATION FOR PERSONS WHO WORK WITH CHILDREN OR YOUTH

BACKGROUND INFORMATION

A. Have you ever pleaded guilty to or been convicted of any criminal offense or are any criminal charges pending at the present time? YES NO

If yes, please explain. Include the date and nature of the offenses charged, jurisdiction and disposition. A conviction does not automatically mean that you will not be selected. What you were convicted of and how long ago you were convicted are important. Please give all the facts so that an informed decision can be made?
(Attach a separate page if necessary)

B. Are you currently under investigation for any criminal activity involving a minor or vulnerable adult?

YES NO If yes, please explain. _____

C. Have you been registered as a Sex Offender in Kansas or any other state, or listed on any other registry for any criminal activity involving a minor? YES NO If yes, please indicate the date, nature and jurisdiction of the record.

D. Have you ever been registered by the Kansas Department of Social and Rehabilitation Services on the Child Abuse and Neglect Central Registry, or the equivalent registry in another state? YES NO

If yes, please indicate state and date of registry. _____

E. Do you have a current driver's license? YES NO

If yes, list state issued and license number? _____

APPLICANT'S STATEMENT

(Read Carefully)

The information contained in this application is true and correct to the best of my knowledge. I agree to update the information provided by me in the event of a change in circumstances.

I authorize any references, churches or other organizations listed in this application to give St. Mark's designated representative any information (including opinions) that they may have regarding my character and fitness for working with children and youth. I am aware that I am subject to a personal background check and may include criminal record check, child abuse / neglect central registry and state driving record checks.

In consideration of the receipt and evaluation of this application by St. Mark's, 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 result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization and from furnishing such evaluations to St. Mark's, excepting only the communication of knowingly false information or made with legal malice. I waive any right I may have to inspect references provided on my behalf.

I have received a copy of and read the *Child Protection Policy of St. Mark's Lutheran Church of Olathe, Kansas*, in effect as of the date of this application. Should my application be accepted, I agree to abide by the policies of St. Mark's, and agree to behave in a manner that honors and respects children and youth and protects them from harm in the performance of my services on behalf of the congregation.

I further state that **I have carefully read the foregoing release and know the contents, and I sign this release as my own free and voluntary act.** This is a legally binding agreement which I have read and understand. If I do not understand this agreement, I have the right to consult with my own attorney.

Dated: _____

(Applicant's Signature)