

LIVING SPRINGS LUTHERAN CHURCH
Child & Youth Protection Agreement

Please complete, sign and date and return to Pastor or Ministry Leader. Thank you.

I agree to exemplify my Christian values and respect the rights and privacy of others.

I understand that it is prohibited to use corporal punishment as a form of discipline on the children/youth participating in this program regardless of whether or not they are my own children, and regardless of whether or not the parent has given permission.

I agree to complete an authorization and request for a criminal background check.

- My completed authorization and request for criminal background check is attached.
- My completed authorization and request for criminal background check will be given directly to Pastor _____.

I have been given a copy of the Living Springs Lutheran Church Child and Youth Protection Policy and Procedures Adopted December 12, 2004.

I have reviewed the Living Springs Lutheran Church Child and Youth Protection Policy and Procedures Adopted December 12, 2004 on____/____/____ and agree to uphold the policies and procedures put forth.

- I have watched the Child & Youth Protection Training Video on ____/____/____ and agree to uphold the policies and procedures put forth.
OR
- I have attended the Child & Youth Protection Training on____/____/____ and agree to uphold the policies and procedures put forth.

Name _____

Signature _____

Date_____

CONFIDENTIAL
Authorization and Request for
Criminal Background Check

To be completed by all paid or volunteer staff who work with children or youth.

I, _____, hereby authorize Living Springs Lutheran Church to request the appropriate authorities (federal, state, or local law enforcement agencies) to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said law enforcement departments from all liability that may result from any such disclosure made in response to this request.

Signature: _____ Date: _____

Print Full Name: _____

Print all other names that have been used by applicant (if any):

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License #: _____

Driver's License Expiration Date: _____

To be completed by Pastoral staff:

Request sent to: _____

Notes: _____

Date: _____

Name: _____

Address: _____

Phone: _____