



# St. Andrew's Lutheran Church

*Committed to Christ and Community*

## Child and Youth Screening Form

### Personal Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_

Current Employer / Address: \_\_\_\_\_

### Licenses and Certificates

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

Are you currently certified in American Red Cross:

Adult CPR  Yes  No

Child/Infant CPR  Yes  No

First Aid  Yes  No

Other (explain)  Yes  No

### Church History

How long have you been a member of St. Andrew's Lutheran Church? \_\_\_\_\_ years

If not a member, how long have you been involved at St. Andrew's? \_\_\_\_\_ years

If married, is your spouse a member?  Yes  No Name of Spouse \_\_\_\_\_

### References

*(Needed for anyone involved less than 6 months at St. Andrew's)*

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

Relationship: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Office Use (checked by): \_\_\_\_\_

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

Relationship: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Office Use (checked by): \_\_\_\_\_

# Confidential Disclosures

Recognizing the vulnerability of children at St. Andrew's Lutheran Church and the continuing ministry of this congregation, it is necessary that we ask the following questions. Because of the sensitive nature of this information, it is your option to complete this portion in confidence with the pastor of the congregation.

Your honesty is important and your truthfulness will be considered in your participation in the ministry of St. Andrew's Lutheran Church.

I have read and understand that a person may be disqualified and prohibited from serving as an employee or volunteer if the person has:

1. Been convicted (including crimes the record of which has been expunged and pleas of "no contest") of a crime of child abuse, sexual abuse of a minor, physical abuse, causing a child's death, neglect of a child, murder, manslaughter, felony assault or any assault against a minor, kidnapping, arson, criminal sexual conduct, prostitution related crimes or controlled substance crimes;
2. Being adjudged liable for civil penalties or damage involving sexual or physical abuse of children;
3. Been subject to any court order involving any sexual or physical abuse of a minor, including, but not limited to domestic order or protection;
4. Had parental rights terminated
5. Has history with another organization (volunteer, employment, etc.) of complaints of sexual or physical abuse of minors;
6. Resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to a complaint(s) of sexual or physical abuse of minors;
7. Has a history of other behavior that indicates they be a danger to children.

**Do any of the above apply to you?**     YES     NO    If YES, please describe:

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*The information provided within this form is correct and true to the best of my knowledge. I authorize any present and previous supervisors to give you any information including opinions, regarding my character or fitness for child and youth work. In the performance of my responsibilities, I recognize the supervision of the Pastor, Family and Youth Ministries Director, Church Council, Youth and Family Ministry Committee, and the Education Committee and have carefully read the material contained within and sign this release of my own free will.*

*I have received and understand the St. Andrew's Lutheran Church Youth and Safety Policy.*

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Signature

Date

This form was reviewed by:

Signature

Date

Comments:

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