



oslc  
where faith & life meet

## Volunteer Screening Form

Thank you for your willingness to use your God-given time and talents to carry out ministry among the children of Our Savior Lutheran Church. In order for OSLC to allow care, teaching, and ministry to take place in a safe and secure environment, we will be “screening” all volunteers and staff working with the Children’s and Youth ministry programs.

Name: \_\_\_\_\_ (Please include middle initial) Member of OSLC Yes / No

Maiden Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(If you have lived anywhere else in the past 5 years, please list previous addresses on back)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Text: Yes / No

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you aware of any of the charges listed below that may appear on a background check? Yes / No

If so, what are they (including dates?) \_\_\_\_\_

We will be screening for the following offenses in order to show “due diligence” according to the North Dakota Century Code:

- |                                      |                                      |                       |
|--------------------------------------|--------------------------------------|-----------------------|
| Homicide                             | Robbery                              | Burglary              |
| Assaults-threats-coercion-harassment | Child procurement                    |                       |
| Promoting prostitution               | Facilitating prostitution            | Kidnapping            |
| Sexual imposition                    | Gross sexual imposition              |                       |
| Continuous sexual abuse of a child   | Corruption or solicitation of minors | Sexual abuse of wards |

I hereby authorize Our Savior Lutheran Church to perform a background check (or multi-state check for those who have lived out-of-state in the past 5 years) to provide a safe and secure environment for our ministry.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

All information on this form and the results of the background check will be kept strictly confidential. Please return this form in a sealed envelope to one of the pastors. Once the background check is complete, only a pass or fail determination will be kept on file. All other information will be destroyed.