



Lord of the Lakes Church, Winneconne, WI

Background Check Consent

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Sex: Male Female Driver Lic #: _____

It is the policy of Lord of the Lakes church to conduct a background check on all persons that are either employed and/or in volunteer roles that are deemed positions of trust. These positions can include cash handling, safeguarding confidential information, involvement in youth activities and/or education, transporting others on behalf of the church, leadership positions, etc. In compliance with the Fair Credit Reporting Act, you are hereby notified that, due to your position and/or volunteer role with Lord of the Lakes Church, we may conduct a background check of your credentials as outlined in this consent form.

All personal information provided will be handled and maintained in a confidential manner. By signing below, the above named individual voluntarily consents to allow Lord of the Lakes permission to access any and all background information deemed appropriate to the position held. This may include a criminal background check, references checks, consumer credit reports, motor vehicle records and/or personal interviews. Also by signing below, the above named person indicates understanding that these report(s) may result in an adverse action and agrees to hold harmless Lord of the Lakes church for any claims arising in connection with such investigation, the results or any lawful use of the results.

____ Please initial line if you are going to be transporting others on behalf of Lord of the Lakes so your driving record will also be looked at. Please be aware we will also need copies of your Drivers license and Insurance on your vehicle. All approved drivers must be 21 years or older.

____ For Privacy reasons some members may wish to have the Pastor conduct the background check. If you prefer to have your background check completed by the Pastor please initial line.

Signature

Date

For Office Use:

Date check completed: CCAP _____ Sex Offender Registry _____

Results of check: _____ No Issues Found

_____ Record Found - Please note nature of offenses (attach copy of information if necessary):

