

**St. Luke's Lutheran Church of Sacramento, California**

**SCREENING FORM FOR ADULT CRITICAL VOLUNTEERS WORKING WITH MINORS OR MENTALLY HANDICAPPED INDIVIDUALS**

**REFERENCE:** Continuing Resolution 2005-4

**PURPOSE:** This form shall be completed by each adult "critical volunteer" who has, or will have, the responsibility of working with, caring for, or supervising minors and/or mentally handicapped individuals. This process is being used to ensure that a safe and secure environment is provided for the activities and programs of the Church.

NAME (Last) (First) (Middle)	FORMER (OR OTHER) NAMES USED	
CURRENT MAILING ADDRESS (Number) (Street)	SOCIAL SECURITY NO.	E-MAIL ADDRESS
(City) (State) (Zip Code)	HOME TELEPHONE NO.	WORK TELEPHONE NO.
PREVIOUS ADDRESS (If less than one year at current address.) (Number) (Street)	DRIVER LICENSE OR IDENTIFICATION NO.	
(City) (State) (Zip Code)	OCCUPATION	
Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been accused of, participated in, or convicted of any form of sexual misconduct? <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes" to any question, explain below.		

**PERSONAL REFERENCES: (2 minimum)**

NAME (Last) (First) (M.I.)	E-MAIL ADDRESS
CURRENT MAILING ADDRESS (Number) (Street)	WORK TELEPHONE NUMBER
(City) (State) (Zip Code)	HOME TELEPHONE NUMBER
NAME (Last) (First) (M.I.)	E-MAIL ADDRESS
CURRENT MAILING ADDRESS (Number) (Street)	WORK TELEPHONE NUMBER
(City) (State) (Zip Code)	HOME TELEPHONE NUMBER
NAME (Last) (First) (M.I.)	E-MAIL ADDRESS
CURRENT MAILING ADDRESS (Number) (Street)	WORK TELEPHONE NUMBER
(City) (State) (Zip Code)	HOME TELEPHONE NUMBER

**CERTIFICATION:** I understand before serving as a critical volunteer, I (a) must be accepted by the Executive Committee, (b) shall submit a completed background check authorization and disclosure form (subsequently national criminal and statewide sexual offender background checks will be made and the results reviewed), and (c) shall schedule the required child abuse prevention training. If accepted, I will abide by St. Luke's child abuse prevention policies, procedures, and "Code of Ethics and Rules." I understand that child abuse is a serious matter and will do my part in the prevention of child abuse while serving.

SIGNATURE	DATE SIGNED