



CROSS OF CHRIST LUTHERAN CHURCH

Cross of Christ Lutheran Church (the “Church”) has instituted a policy for the safety of its young members, pursuant to which it will conduct a criminal background check of all persons working with children under the age of 18. The Church will engage a company called Protect My Ministry, to perform the background check. In order to allow Protect My Ministry to perform the background check the Church must submit to it the information you provide below. Such information will be submitted to Protect My Ministry via a secure internet connection. The Church will only use the information you provide for the sole purpose of obtaining the background check. The Church will keep all the information you provide, and which it receives from Protect My Ministry, confidential, and in a locked file to which only pastoral and paid staff will have access. None of the information you provide will be given or sold to any third party.

Before Protect My Ministry can perform the background check, it must have your authorization and release. Accordingly, please complete and sign the form below, and return it to the church office. *(Please don't leave completed forms in someone's mailbox as they are not secure or confidential.)*

RELEASE OF INFORMATION

I, _____ (applicant's complete name), hereby authorize **Cross of Christ Lutheran Church** and / or Protect My Ministry and their agents to investigate my criminal background. I authorize a search of public records, including criminal files from county, state and federal law enforcement and judicial authorities. This Release does not provide authorization to obtain my credit history from any credit bureau. I understand that information about criminal history is considered “consumer information” under the Fair Credit Reporting Act, which provides me certain privacy rights, and which I am waiving with this Release. I hereby release the Church and all persons, companies or corporations furnishing and using such information from liability for accessing my criminal background information. This Release shall be effective until revoked in writing.

Signature: _____

Date: _____

The following includes my true and complete legal name, and is true and correct to the best of my knowledge.

Printed Name: _____

Maiden Name or other names used: _____

Present Street Address: _____ City / State / Zip: _____

Date of Birth: _____ Social Security Number: _____

E-Mail: _____

LEAD PASTOR Kathleen Armstrong
ASSOCIATE PASTOR Aly Kohlmeyer
DIRECTOR OF MUSIC MINISTRY Joseph Noelliste
DIRECTOR OF CHILDREN'S MINISTRY Amy Pallas
OFFICE ADMINISTRATOR Lorie Culture
FINANCIAL SECRETARY Nikki Leverone