



The Virginia Synod of the Evangelical Lutheran Church in America

IN PARTNERSHIP WITH THE ISLANDS DISTRICT, PAPUA, NEW GUINEA

The Virginia Synod, ELCA requires all adults working with youth under age 18 at our synod-sponsored youth events to undergo a national criminal and state sex offender background check. A background check does not imply any suspicion but is a requirement for our insurance company. If you are already in possession of a printed copy of your own criminal and sexual offender background check because of other employment or volunteer work, you may provide a copy to the synod office to satisfy this requirement. All of the fields below are required; the information provided here is kept completely confidential by the Virginia Synod.

First Name: _____

Last Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____

SSN: _____

Current working email address: _____

Home Phone Number: _____

By signing below, you agree to the following statement:

"I authorize VA Synod, ELCA and/or ScreenNow Employment services and their agents to investigate my background as it pertains to my employment, appointment, or a volunteer position. I understand that this may include investigative inquiries related to national criminal and state sex offender records. I hereby release and hold harmless all persons, agencies or companies furnishing such information from liability and responsibility. A photo static/fax/electronic copy of this document can be substituted for the original. This document shall be valid for a period of one (1) year from the date of my signature. I certify that this Authorization was completed by me and all information is true and complete to the best of my knowledge. I understand that declining this authorization will remove me from consideration for service at Virginia Synod Youth Events. I understand that a printed copy of this form as submitted electronically is legally binding."

I authorize the criminal and sexual offender background check described above.

I do NOT authorize a criminal and sexual offender background check.

I am substituting a printed copy of my currently valid background check from my other employment or volunteer activities. I understand that it will not be valid until received by the Virginia Synod Office. (Mail to: Virginia Synod Youth Events, PO Box 70, Salem Va 24153)

Signature: _____

Date Signed: _____