

Signature

Log Church Christian School

Screening Form



This form is to be completed by all applicants for any position, whether it be a volunteer or paid position, involving the supervision or custody of minors. It is being used to help LCCS provide a safe environment for those children and youth who participate in our programs and use our facilities.

Name				Date	
first					
				SS#	
Driver's License # / Stat	e				
Mailing Address:		Physic	cal Address:		
How long at present add	dress?	Wk	Phone		
Previous address? (five	years)	ONLY CONTROL OF THE C			
Which church are you c	urrently attending?				
List all the churches you				-	
Personal Reference: (no	V.				
Church Reference: Church		Contact			
Address	Phone				
Youth Work Reference:	(most recent exp. pref	erred) Organizati	on		
Contact	Addres	ss	# T	Phone	
Work or service with mir	nors				
If you answe	er "yes" to the following	g questions, pleas	se explain more	fully on a separate piece of paper:	
YES NO	1) Are there any facts or circumstances involving you or your background that would call into question you the supervision, care, and guidance of children or youth?				
YES NO		Have you been charged with and/or convicted of child abuse and/or a crime volving actual or attempted sexual molestation of a minor?			
The information contained with this application and ag		and correct to the	best of my knowl	edge. I have read the policy information provided	
I understand that the infor school to contact any pers supervisors, and reference	on or organization to obt	ain information cor	cerning me, inclu	the Log Church Christian School. I authorize the iding, but not limited to, employers, organizations,	
not) who provides information hold harmless the church a	tion or references about and its past, present, and	me to the school of future trustees an	or its employees ad officers, its emp	whether listed in my application/screening form or and agents. I also hereby release and agree to ployees, volunteers, and agent with respect to the ferences provided on my behalf.	
A copy of this release sha enter into it freely and volu		ed original. I have	read this release	and authorization for release of information and	
Signature	AUTHOR	IZATION FOR B	ACKGROUND	CHECK	
	school's Abuse Prevention nducted through the Washin	Policy states that a agton State Patrol an	background check	k must be done for all volunteers and/or applying, a vices. By signing below, I authorize these background	