

**UNITY Lutheran Church**  
**Caring for and Protecting Each Other**  
**Child/Youth Volunteer Background Check Authorization Form**

Thank you for your interest in working with the young people of UNITY Lutheran Church. Your involvement is vital to a successful child and youth ministry. This form will help us to get to know you better so that together we will be able to give our young people the best possible experience in their faith journey now and throughout their lives. We pray that God will lead and guide us in our ministry together. This information will be kept in a secure, private location at church.

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: (Street, City, State, Zip) \_\_\_\_\_

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*(supply one or more of the following so we can easily contact you)*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Do you have any medical training (CPR, lifeguard, first aid, EMT, etc)?

\_\_\_\_\_

Are there any physical conditions that would limit your activities in working with youth?

\_\_\_\_\_

Have you been a member of UNITY for more than 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

All the information I have provided in the process of applying to work with the children/youth of UNITY Lutheran Church is true and correct to the best of my knowledge. As per UNITY's Care & Protection Guidelines, I am aware that the congregation, through our insurer, Church Mutual, will use the submitted information to process a Criminal Background Check and a National Sexual-Predator Check on me. In the event of an unfavorable report, a pastor will contact me to discuss the situation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_