We are committed to providing a safe and secure environment for the children entrusted to our care and protecting those who serve in our school. This form asks for personal information which we will handle with respect and confidentiality.  **Please place the completed Authorization Form in an envelope and mark “Confidential Authorization Form”.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check only those that apply:**

\_\_\_\_I have never been convicted of a crime.

\_\_\_\_I have been convicted of a crime. The details of the conviction and the circumstances of the

crime are as follows:

\_\_\_\_I have never been accused of child physical, emotional, or sexual abuse.

\_\_\_\_I do not use illegal drugs.

Notice to Potential Volunteer or Employee: Concordia Lutheran School may request a background check. The results of this background check may determine your eligibility for employment or volunteer opportunities. You have a right to obtain a copy of the results obtained from the background check. You also have the right to challenge its accuracy. Pending completion of the background check, your access to the children may be denied.

I understand my rights and responsibilities as outlined above. I certify that all information provided on

this form is accurate. I understand that providing incorrect information is cause for immediate dismissal

of the opportunity to work with children as a teacher or volunteer.

Signature of Potential Employee or Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_