



CONFIDENTIAL VOLUNTEER SCREENING

In recognition of the spiritual and public trust given this faith community, St. Sanctuary Church is committed to being a true sanctuary, both nurturing and protecting its members, other participants, and visitors. To this end, we request that volunteers who work with children, youth, and other vulnerable individuals participate in a background screening program.

Please provide the following information, which will be submitted for background screening via _____ (the name of the screening company used). The information you provide will be kept confidential, accessible only to the Senior Minister. The results obtained from the screening will be shared with senior program staff to the extent necessary for maintaining our Safe Congregation Policies & Procedures.

Thank you for your participation in these measures to help ensure the safety of our church family and community.

Full Name _____

Date of Birth _____ Birthplace _____

Social Security Number ____ - ____ - ____ (if required)

Driver License Number _____ State Issued _____ Exp. _____

Street
Address _____

City _____ Zip Code _____

Phone Number(s) _____

I hereby grant permission for St. Sanctuary Church to submit my name and identifying information for background screening via _____ (the name of the screening company used). I also agree to hold harmless the church, its officers, employees, and volunteers, from any and all liability resulting from such disclosure.

Signature _____ Date _____