



Our Mission: To boldly glorify God.

Elim Lutheran Church Background Check Authorization and Release Form for St. Andrew's Shelter Volunteers

I hereby authorize Elim Lutheran Church and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer and/or employment purposes.

Verification of social security number, current and previous residences, employment history including all personnel files; education transcripts; character references; credit history and reports; criminal history records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character; general reputation, personal characteristics, or mode of living.

I further authorize any individual company, firm, corporation, or public agency (including Social Security Administration and the enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Elim Lutheran Church or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I understand that from time to time, Elim Lutheran Church may receive a request from other agencies for whom I may be representing Elim Lutheran Church. I authorize Elim Lutheran Church to provide information obtained during the background investigation to such agencies, said information to include but not limited to, consumer investigation reports, criminal history, employment history, and education history.

To facilitate your background check, please provide the information requested below.

Last Name	First Name	Middle Name
Other Name(s) Maiden/Married		
Date of Birth (mm/dd/yyyy)	Social Security Number	Driver's License Number/State
Telephone (include area code)		Email address
Residences (starting with current)		
Street Address	City/State/Zip	How long?
Street Address	City/State/Zip	How long?
Signature		Date
Please return this completed form to the church office or mail it to: Elim Lutheran Church Attn: Joan Detzler PO Box 67 Scandia, MN 55073		