

**Saint John Lutheran Church**  
**Volunteer Background Investigation Consent**

I, \_\_\_\_\_ hereby authorize St. John Lutheran Church, and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records, for the purpose of confirming information and/or obtaining other information which may be material to my qualifications for volunteering at St. John Lutheran Church. I release St. John Lutheran Church and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge:

\_\_\_\_\_

Volunteer Name

\_\_\_\_\_

Date

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

\*Account Number: \_\_\_\_\_

\*to be entered by administrator