

Criminal History Background Statement

Youth Staff and Volunteers
Salem Alliance Church

This application is for all individuals under the age of 18. Please answer all questions on this form. Incomplete information may cause your application to be delayed, rejected, or returned. Please print legibly and clearly. ****Only youth workers in paid positions with Salem Alliance Church will need to disclose their social security number.**

COMPLETE THE FOLLOWING INFORMATION: (please print clearly)

Legal Last Name: _____ Legal First Name: _____ Full Middle Name: _____

Date of Birth (MM/DD/YR): _____ Gender: Female Male

Social Security/Resident Alien Number: (youth staff only) _____

Drivers License/Permit/ID Number: _____ State Issued By: _____

Physical Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

List all other names previously used: _____

List all states where you have resided: _____

Have you ever been convicted in adult court, referred to, or placed in the jurisdiction of any juvenile court or juvenile department or convicted of or admission to any crime or law violation involving any of the following? If yes to any of the questions below, please explain on a separate sheet of paper and attach.

If yes, list state and county:

1. Sex-related crime? Yes No
2. Crime or violation involving violence or threat of violence? Yes No
3. Restraining order or stalking order? Yes No
4. Criminal activity involving drugs? Yes No
5. Criminal activity involving alcohol? Yes No
6. Crime or violation involving theft? Yes No
7. Any other crime or violations except a minor traffic violation? Yes No
8. A crime or violation that is in the court but not yet resolved? Yes No

School Currently Attending: _____ Volunteer Location: _____

All information contained in this application is held confidential and shared only with the appropriate pastoral staff deemed necessary. Applicants may be subject to approval of Executive Pastor/HR prior to placement.

**Authorization to Release Information
(Release From Liability and Waiver)**

To any law enforcement agencies, civil records authorities and Salem Alliance Church: I authorize you to release to Salem Alliance Church any and all information and civil or criminal records naming me, including all entries where I am named as being arrested, as a suspect, as being cited for any crime, violation, infraction or offense, or as otherwise involved or named in any report by any member agency of your organization.

I, personally and on behalf of any subsequent representative of my estate, hereby forever release you, your organization, it's member agencies, member agency parent governments, and all their officers and employees, from any liability or damage, either direct or indirect, which may result from furnishing the information requested and will hold harmless the law enforcement agencies and Salem Alliance Church from the provision or use of any information so obtained regardless of whether it should be later proven to be factual or not factual. This form may not be altered.

Student Signature: _____ Date: _____

Parent/Guardian Signature (Required): _____ Date: _____

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