



## APPLICANT'S STATEMENT

The information contained in this screening application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give information or opinions that they may have regarding my character and fitness for work with children and youth. In consideration of the receipt and evaluation of the application by Incarnation Lutheran Church, I release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages for release of requested information.

I have received and read policies and procedures of Incarnation Lutheran Church regarding working with children and youth. If my application is accepted I will abide by them and act with Christian conduct in the performance of my services on behalf of the church.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION FOR BACKGROUND RECORDS CHECK

I have been informed that the Bureau of Criminal Apprehension may be asked to conduct a background records check on me under the Minnesota Statutes Chapter 299C.62. I understand that I may be the subject of this background records check for purposes of my volunteering or employment to determine whether I have been arrested or convicted of any crime defined under the background check act (Minnesota Statutes Chapter 299C.62).

I understand I have the right to be informed of the response to the request for a background records check and to obtain a copy of the report or any record that forms the basis of the report from the requesting party. I understand I have the right to challenge the accuracy and completeness of any information contained in the report or record under the relevant information provisions of the Data Practices Act.

I understand I have the right to be informed by Incarnation Lutheran Church if my application has been denied because of the report received from the Bureau of Criminal Apprehension and that I will not be required directly or indirectly to pay the cost of the background records check.

I understand my rights listed above and agree to a background records check.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

Print full Name: \_\_\_\_\_