

# Volunteer Authorization For Release of Background Information for the ELCA Southeastern Synod

## STATEMENT OF PERSONAL CONDUCT

I swear that there have been no complaints filed against me related to unethical conduct (sexual harassment, sexual misconduct, felony offenses, etc.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for applying to be in partnership in the ministry of  
THE EVANGELICAL LUTHERAN CHURCH IN AMERICA – SOUTH CAROLINA SYNOD**

In connection with my application for volunteer service with EVANGELICAL LUTHERAN CHURCH IN AMERICA –South Carolina Synod, I authorize EVANGELICAL LUTHERAN CHURCH IN AMERICA-South Carolina Synod or their agent, to solicit background information relative to my criminal record history. I understand that EVANGELICAL LUTHERAN CHURCH IN AMERICA-South Carolina Synod may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by EVANGELICAL LUTHERAN CHURCH IN AMERICA-South Carolina Synod or their agent, for purposes of obtaining background report information, to furnish the above mentioned information.

**I release EVANGELICAL LUTHERAN CHURCH IN AMERICA-South Carolina Synod, their respective employees or their agent and employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Other Name/ Maiden Name/Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Address: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_

If you have moved within the past 5 years. Please include those addresses below as well.

Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_

SC Driver's License Number: \_\_\_\_\_