

**St. John's United Church of Christ  
1811 Lincoln Way East  
Chambersburg, PA 17202**

**AUTHORIZATION FOR THE CONDUCT OF CRIMINAL RECORDS  
AND  
BACKGROUND CHECKS AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, understand that any felony criminal conviction and any criminal conviction and/or adverse information relating to children, youth, or vulnerable adults (hereinafter collectively referred to as "Adverse Information") will disqualify me from being employed by St. John's UCC or from being authorized to serve as a volunteer in any ministry or program provided or sponsored by St. John's UCC serving children or youth or in one serving or ministering to vulnerable adults. I understand that a conviction for driving under the influence ("DUI") or a similar alcohol-related driving conviction within the last five (5) years will disqualify me from transporting children, youth, and vulnerable adults. I understand that the persons at St. John's UCC responsible for reviewing background check reports on prospective employees and on persons seeking authorization to serve as volunteers will be notified if, based on the criteria set forth above, my record disqualifies me from being employed by St. John's UCC or from being authorized to serve as a volunteer in any ministry of St. John's UCC serving children, youth, or vulnerable adults.

**Authorization to Obtain and Disclose Background Information**

I hereby authorize St. John's United Church of Christ, Chambersburg, PA to secure the following background checks:

- Child Abuse History Clearance report from:
  - PA
  - One or more additional states if deemed necessary or advisable
- Criminal History Record Check report from
  - PA
  - One or more additional states if deemed necessary or advisable
- A search of my name on the U.S. Department of Justice website at [www.nsopr.gov](http://www.nsopr.gov)

Further, I authorize St. John's UCC, if deemed by the persons at St. John's UCC responsible for reviewing background check reports to be needed or advisable, to contact a background investigation company to request disclosure of, and to obtain from them, information about me regarding my record of charges, convictions, or other Adverse Information contained in their files or maintained about me in any criminal file or any other file, regardless of whether the file containing Adverse Information is a local, state, or national file.

I hereby authorize St. John's UCC to secure, or require of me, a report of Federal criminal history record information, the securing of which report, I have been informed, **requires that I submit a full set of fingerprints to the Federal Bureau of Investigation**. This requirement can be waived if volunteers have signed an Attestation of Residency, if they have lived in Pennsylvania for 10 years or more.

I consent to any information obtained about me from any of the hereinabove identified sources being disclosed to the persons at St. John's UCC responsible for reviewing background check reports on prospective employees and on persons seeking authorization to serve as volunteers, so that these persons may evaluate the information in determining my fitness to participate in a ministry or program provided by St.

John's UCC serving children, youth, or vulnerable adults, or to be employed by St. John's UCC in a position with significant likelihood of regular contact with children or youth.

I consent for my name to be made public, as having a St. John's UCC Safe Church Clearance.

**Release of Liability Regarding Collection and Disclosure of Information**

For valuable consideration received including, but not limited to, the evaluation of my fitness to serve in a ministry or program provided or sponsored by St. John's UCC serving children, youth, and vulnerable adults, I hereby **RELEASE, DISCHARGE AND HOLD HARMLESS** St. John's United Church of Christ, Chambersburg, and all of those entities' trustees, with respect to any loss, injury or other damage to me arising out of, or in any way related to, the collection and disclosure of information about my background whether caused by the negligence of the releases or otherwise.

**I HAVE READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Print Applicant's Full Name: \_\_\_\_\_

Print all other names that have been used by Applicant (if any)

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of issuance: \_\_\_\_\_

Applicant's primary residence address:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under 18, Signature of Parent/Guardian

\_\_\_\_\_  
Date