Trinity Lutheran Church
1790 Scribner St.
Spooner WI 54801
715.635.3603

Background Check Form

I, _____ (Adult Name or student over 18) acknowledge that an agency, such as my employer has within the last year conducted a national/multi-state criminal background check on me.

_____ (name of agency or employer)

As someone who is working with, leading or traveling alongside children or youth from Trinity Lutheran Church LLC; I have been fully approved and cleared to work with children and youth. _____ (initial)

We agree to indemnify and hold Trinity Lutheran Church LLC harmless for any liability created by the action of receiving a background check. And understand that the action is to fulfill the policy of being a "Safe Church" for adults and those over age 18 who work closely with children, youth and at family events associated with Trinity Lutheran Church LLC.

TWO separate signatures are **REQUIRED**.

1._____ _____
Adult Signature (over age 18) Date

2._____ _____
Employer or Conductor of the Background Check Date