

9th Grade Faith Mentoring

Adult Mentor Registration Form & Background Check Consent

Please return this sheet to King of Kings Lutheran Church by dropping it off or mailing to:
Attn: Kelsey Battleson, 1583 Radio Dr. Woodbury, MN 55125

Because the position for which you are applying will require you to provide care, treatment, education, training, instruction, or recreation to children, King of Kings Lutheran Church requests the Bureau of Criminal Apprehension (BCA) to perform a criminal background check on you under Minnesota Statutes Chapter 299C.62-299C.64.

Please complete the following information. (Please Print)

FULL NAME: First Name: _____
 Middle Name: _____
 Last Name: _____
 Maiden, Alias, or Former Name: _____
 Date of Birth ___ / ___ / ___

I will be the Faith Mentor for (student's name): _____ Relationship: _____

I will commit to attending the mentor orientation on September 16th or September 30th (**circle one**).
-OR-

I am not local or not able to attend mentor orientation. Please use my email or phone below to contact me with additional information.

Email: _____ Phone: _____
(Please check this regularly. Our primary communication is via email.)

Have you been convicted of any felony level crimes? ___ Yes ___ No

If yes, please attach a description of the crime and particulars of the conviction.

As a subject of a background check, your rights include:

- To be informed that King of Kings Lutheran Church will request a background check before becoming or continuing as an employee or volunteer.
- To be informed of the background results and obtain a copy of the report from King of Kings Lutheran Church.
- To challenge the accuracy and completeness of any information contained in the report.
- To be informed whether King of Kings Lutheran Church has denied your application because of the background check results.

I hereby authorize King of Kings to obtain a criminal background check on my behalf and confirm that the information provided above is accurate and complete. I understand that all results will remain confidential. I understand that any omission or falsification may be grounds for rejection/denial of my application and that further steps may be required of me depending on my results.

Signature

Date

This release is valid for one year from the date of signature