



PO Box 128, 1201 Main Street
Onalaska, WI 54650
608-783-2552
stpaulsonalaska.org

December 20, 2023

To St. Paul's Lutheran Church and School's Called, Hired or Contract Workers and Volunteers:

With the desire to protect and serve our students and their parents, to keep the Gospel Ministry free from blame, and in considering the advice of our insurance carrier, the Church Council of St. Paul's Lutheran Church has authorized conducting background checks on all called workers, staff and volunteers. Please provide all requested information on the attached authorization form and return it to me as soon as you are able. Should you have any questions, please contact me at (608)783-2552, ext. 233.

Thank you,

A handwritten signature in black ink that reads "Lydia Walter".

Lydia Walter,
Operations Manager

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

St. Paul's Ev. Lutheran Church & School
1201 Main St., Onalaska, WI 54650

Initial Position Screened for: _

I, _____ hereby authorize St. Paul's Ev. Lutheran Church & School to request the police/sheriff's department or any entity chosen by St. Paul's Lutheran Church & School specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law.

I do release said police/sheriff's department and other entities from all liability that may result from any such disclosure made in response to this request.

****NOTE: All information requested below is required to do a background check**

Signature of Applicant

Date

Print Name: _____
FIRST MIDDLE LAST

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

Phone: _____ **Social Security Number:** _____

Date of Birth: _____

Email Address: _____

Full address (Mailing (house or PO Box #), City, State, Zip)

Parent/Guardian Authorization (signature) _____
(If screenee is under the age of 18)

FOR OFFICE USE ONLY

Position screened for: _____ Date Needed: _____

☐ NO Issues ☐ ISSUES ☐ Issues ADDRESSED

Name of entity releasing info/report to St. Paul's: _____

Reviewed by: _____ Date: _____