

ADULT VOLUNTEER APPLICATION

Please complete and sign this form and ask your pastor or youth leader to sign and return it to the synod office.

_____ Male ___ Female ___
Name (First, Middle Name or initial, Last)¹

Street address, city, state, zip code

Home or cell phone

Work phone (optional)

Congregation

E-mail address (optional)

CHECK ONE (a) or (b) ²

(a) ___ This is a new application. OR

(b) ___ This application has updated information. (To the best of my knowledge, a previous copy of this application is already on file in the synod office.)

RESPONSIBILITIES - I will be vigilant to avoid even the appearance of impropriety and will, if at all possible, always have another adult present when working with a single youth. I agree to follow all synod policies and neither I nor any youth under my responsibility will use alcohol, illegal drugs, weapons, tobacco, obscenities, or threats, nor engage in physical violence or sexual activity. I will cooperate fully with other chaperones, parents, or other appropriate authorities to deal with violations of this policy.

RELEASE - I understand that there are risks of physical injury involved in youth activities, and I do hereby waive, release, covenant not to sue and forever discharge, to the fullest extent permitted by law, the La Crosse Area Synod and its related or connectional organizations, officers, agents, employees, representatives, successors, assigns and all others of and from any and all responsibilities, claims, expenses, personal injury, wrongful death or liability for injuries or damages of any kind resulting from my participation in any youth activities or programs. I do also hereby indemnify, release and hold harmless, to the fullest extent provided by law, all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury, damage or death to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any synod youth activities. I also release my name as part of a mailing list for future events or publicity. I give permission to use my photo image on materials produced by the synod, and I understand that photo/videos produced by the synod become property of the synod and can be used for ELCA related purposes and publicity including the synod's web site. (No names or other identifying information will be attached to photos unless additional permission is given.)

MEDICAL LIMITATIONS - I am physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any synod youth activities and programs, except as stated here. I authorize the following medical information (if any) to be shared with the event leader and used or disclosed if medically necessary. *Please write here any conditions which may be relevant:*

¹ Please write your name as you do for most documents.

² A copy of this form must be on file in the synod office for every adult involved in a synod youth event or program. To check if you have one on file, call 608-788-5000.

AGE REQUIREMENTS - CHECK ONE (c) (d) or (e)

(c)___I am at least 25 years of age. OR

(d)___I am at least 20 years of age and currently serving as an ELCA pastor or seminary intern, a counselor at an ELCA Bible Camp, or as an employee or volunteer working with youth in a synod congregation. OR

(e)___I am ___ years old and I request an exemption from this age requirement from the synod.

BACKGROUND CHECK - CHECK ONE (f) (g) or (h)

The synod's insurance underwriter requires background checks on all persons 18 or older to help ensure a safe environment for youth. In particular it recommends two background checks offered through First Advantage Services, Inc., a County Courthouse Check and a National Criminal File Search.³ These background checks require a minimum of three days to process, so please complete and return this application as soon as possible.

(f)___The recommended First Advantage (or equivalent) background checks for me were **previously submitted** to the synod office and should be on file there. Please contact me if they are not. OR

(g)___My congregation **already obtained** the First Advantage (or equivalent) background checks on me. I authorize my congregation to share the report with the synod office. A copy is attached. OR

(h)___I **request** and authorize the recommended First Advantage background checks on me. Enclosed is \$20.00 payable to "La Crosse Area Synod" to cover the cost. Below is the required information:

My county of residence (required) circle: Adams, Crawford, Grant, Houston, Jackson, Juneau, La Crosse, Monroe, Trempealeau, Vernon, or other _____

My Date of Birth (required): _____

My Social Security number (required): _____

I certify that my answers above are truthful and accurate. I understand I may request a copy of my background checks if my application is denied.

Signature of applicant

Date

Signature of pastor, youth worker, or congregational officer

Date

By congregational representative:

Our congregation recognizes that we are responsible for our youth attending an event and for furnishing:

(h) signed copies of **Youth Permission and Release** forms for all youth (*available at*);

(i) signed copies of **this form** for all volunteers (*you will be informed if this application is denied*);

(j) **adequate numbers** of adult volunteers (*normally at least one adult chaperone for every eight youth, with the balance of male and female chaperones reflecting the gender balance among the youth*).

CHECKLIST:

- Two signatures
- If needed, a check for \$20.00 or a copy of the background checks – see (g) and (h) above

PLEASE RETURN TO:

La Crosse Area Synod
2301 South Ave.
La Crosse, WI 54601

³ Your congregation may set up its own First Advantage account at <https://volunteer.fadv.com/pub> to screen volunteers for congregational as well as synod events. Your congregation is free to use any background check firm it wishes.