



# Criminal History Screening Consent Form and Background Statement

(Youth 14 through 17 years old)

### INSTRUCTIONS:

Please answer all questions on this form. Do not leave any areas blank. If information requested does not apply to you, write "NA" for not applicable or the word "none."

By providing your social security number, we will use it to ensure that we do not misidentify you. Giving your social security number on this form is voluntary. If for any reason we are unable to complete this background check, we may ask you to provide additional means of identification. Your social security number will be used only as stated above. State and federal laws protect the privacy of your records.

Falsifying or not disclosing information may result in disqualification of your application or termination of your volunteer assignment or employment. If in doubt, we suggest that you disclose and explain rather than conceal. If you answer "no" to any questions based on an "expungement," "order setting aside," or "sealing" of a record of a conviction or conditional discharge, you must personally verify with the court directly involved that the expungement, setting aside or sealing actually has taken place. An erroneous belief that a conviction has been expunged, set aside or sealed, when in fact it has not, will be deemed a false statement. If you answer "yes" to questions 1-4 listed on the back, a certified true copy of the charging instrument (e.g. criminal complaint, indictment, or citation) and the court's final judgment must accompany this application. **(ADULTS: Backgrounds will be verified back to your 18<sup>th</sup> birthday.)**

### COMPLETE THE FOLLOWING INFORMATION: (please print clearly)

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_

Date of Birth (MM/DD/YR): \_\_\_\_\_ Gender:  Female  Male

Social Security/Resident Alien Number (OPT.): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Drivers License/Permit/ID Number: \_\_\_\_\_ State Issued By: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Number of years at current residence: \_\_\_\_\_ If less than three, state of prior residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Maiden/all other names previously used: \_\_\_\_\_

How long have you lived in Oregon (in years)? \_\_\_\_\_

List all states where you have previously lived and during which years: \_\_\_\_\_

\_\_\_\_\_

DEPARTMENT SUBMITTED TO: \_\_\_\_\_

CONTINUED ON BACK...

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:**

1. A. Have you ever been arrested, accused or convicted, plead guilty, plead nolo contendere (no contest), or received diversion to any felony, misdemeanor, or violation, in any municipal, justice, state, or federal court?  Yes  No  
If yes, please explain:
- B. Did you complete all court requirements (e.g. probation, community service, payment of fines, etc.)?  Yes  No  
If no, please explain:
2. Have you been arrested for a crime for which there has not been an acquittal or dismissal?  Yes  No
3. Have you ever had a stalking or restraining order placed against you?  Yes  No
4. Have you ever been charged civilly for any drug-related offense?  Yes  No
5. Have you ever been accused of, or charged with committing any act of neglecting, abusing, molesting or battering a child or adult?  Yes  No
6. Have you had any type of sexual relationship with a minor or vulnerable adult?  Yes  No
7. Have you ever been approved as a volunteer for a government agency or non-profit organization? If yes, please list:  Yes  No

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**Authorization to Release Information  
(Release from Liability and Waiver)**

To any law enforcement agencies, civil records authorities and Salem Alliance Church: I authorize you to release to Salem Alliance Church any and all information and civil or criminal records naming me, including all entries where I am named as being arrested, as a suspect, as being cited for any crime, violation, infraction or offense, or as otherwise involved or named in any report by any member agency of your organization.

The information that I have provided is accurate to the best of my knowledge and may be verified, if necessary by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless Salem Alliance Church and employees and volunteers thereof.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if 17 or under): \_\_\_\_\_ Date: \_\_\_\_\_

**For Church Use Only:**

Criminal History Check: \_\_\_\_\_ Date: \_\_\_\_\_