Policy and Procedures for Background Checks Calvary Lutheran Church Two Rivers, WI

Policy: All applicants for positions at Calvary Lutheran Church will have a background check completed during the application process.

Personnel: The Pastor, President, and Vice President will conduct the background check for all applicants. In the case of a pastoral call process, the Synod will be contacted to confirm that a background check has been completed on the potential pastor. (Local law enforcement may be enlisted for further assistance, if needed.)

Procedures:

- Candidates will complete the "Authorization for Release of Information" at the time when an application for employment is submitted.
- > Background checks will look back a minimum of 5 years.
- Background checks will be conducted through local and state agencies for the place(s) of residence during those 5 years (or more if it is determined to be necessary).
 - Local agencies complete and submit paper form
 - Circuit Court via the internet (<u>http://wcca.wicourts.gov/index.xsl</u>)
 - Department of Justice via the internet (<u>http://wi-recordcheck.org</u>) Calvary has an account with the Wisconsin Dept. of Justice cost is \$2.00 per check.
 - The Wisconsin Dept. of Justice supplied a booklet with contact information for out-ofstate background checks.
- Information collected by these agencies will be used to determine if the applicant is a good candidate for the position.
- Contra-indications would be:
 - Questionable conduct that is in an area closely related to the work for which this individual is being hired. (such as someone working with money having been convicted of embezzlement)
 - Repeated offenses over a period of several years.
 - Recent offenses (within the past 2-3 years)
 - Sexual misconduct
- If the background check determines that the applicant is a good candidate for the position, 2-3 calls will be made to reference persons. These references will determine whether or not Calvary should hire the applicant.
- > ALL DATA from the background check will be secured in a locked file cabinet in Pastor's Study.

Authorization for Release of Information

within one year of the date of this release, obtain information and records pertaining to me from any or all of the following sources: Two Rivers Police Department Manitowoc Police Department Manitowoc County Sheriff 	I,	, hereby authorize Calvary Lutheran Church to,
1. Two Rivers Police Department 2. Manitowoc Police Department 3. Manitowoc County Sheriff 4	within one	e year of the date of this release, obtain information and records pertaining to me from any or
2. Manitowoc Police Department 3. Manitowoc County Sheriff 4	all of the f	following sources:
3. Manitowoc County Sheriff 4	1.	Two Rivers Police Department
4.		
5.	3.	Manitowoc County Sheriff
6.	4.	
I hereby release any Municipal, State, or federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. Dated this, day of, in the year Signature of the person giving authorization Full Name	5.	
I hereby release any Municipal, State, or federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. Dated this, day of, in the year Signature of the person giving authorization Full Name	6	
including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. Dated this day of, in the year Signature of the person giving authorization Full Name First Middle Alternate names (such as maiden name, previous married name, etc.) Date of Birth Social Security # Driver License # Phone #	0.	
Signature of the person giving authorization Full Name	including all liability associates	its officers, employees, or related personnel, both individually and collectively, from any and y for damages of whatever kind, which may at any time result to me, my heirs, family or because of compliance with this authorization and request to release information or any
Full Name		
Alternate names (such as maiden name, previous married name, etc.) Address Address Date of Birth Social Security # Driver License # Witness Signature	Signature	of the person giving authorization
Alternate names (such as maiden name, previous married name, etc.) Address Address Date of Birth Social Security # Driver License # Witness Signature	Full Name	2
Address Date of Birth Driver License # Witness Signature		First Middle Last
Date of Birth Social Security # Driver License # Phone # Witness Signature	Alternate	names (such as maiden name, previous married name, etc.)
Driver License # Phone # Witness Signature	Address _	
Witness Signature	Date of Bi	irth Social Security #
	Driver Lic	cense # Phone #
Witness Name (print)	Witness S	ignature
	Witness N	lame (print)