



WeAreMtHermon

# Mt. Hermon Lutheran Church Screening Form for Reducing the Risk of Abuse

(Please read "Mt. Hermon Policy for Reducing the Risk of Abuse" before completing this form.)

Name: \_\_\_\_\_  
Last First (Maiden) Middle

Address \_\_\_\_\_  
\_\_\_\_\_ City State Zip

Phone (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you have a current Driver's License? \_\_\_\_\_ No \_\_\_\_\_ Yes: State \_\_\_\_\_ Number \_\_\_\_\_

List any previous addresses from the last 5 years (Include street address, city, state, zip code)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Prior History of Work with Children, Youth, and Vulnerable Adults

Name of congregation/community of which you were a member: \_\_\_\_\_

Full address of that congregation/community if community was other than Mt. Hermon Lutheran.

\_\_\_\_\_

List names and addresses of other congregation/communities you have attended regularly during the past five years.

\_\_\_\_\_

\_\_\_\_\_

List previous church work (for the past five years) involving children, youth, or vulnerable adults.

(Include dates.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all previous non-church work involving children, youth, or vulnerable adults.

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List any gift, calling, training, education, or other factor which has prepared you for work with children, youth, or vulnerable adults.

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**Please answer each question. Your responses will be kept confidential**

*If for any reason, you prefer not to answer these questions in writing,  
you may discuss your answers in confidence with the pastor.*

Have you ever been convicted of or plead guilty to physical or sexual abuse? If "yes" please explain, attaching a separate sheet.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Have you ever been convicted of or plead guilty to physical or sexual abuse as a juvenile? If "yes" please explain, attaching a separate sheet.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If you have been a victim of abuse or violation our pastor is available, should you feel the need to talk about.

By signing below, I verify that the information given on this screening form is accurate and complete.

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Applicant Signature

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Date