

**MEDIA RELEASE: I will allow Trinity to use my name, voice, & photo in future promotional pieces, broadcasts, or web pages.

I understand that I am required to attend a staff meeting and setup, (date TBA) and a Consecration service on Sunday July 21st. (Both at 9 am) (dates may change, if needed). I also agree to the media release above.

Volunteer signature

Parent signature	(ages 12-17)
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BACKGROUND CHECK FORM	
I hereby authorize Trinity Lutheran Church to confirm my background and moral character in order to ensure the safety of eve- ry child enrolled and to prevent the risk of child abuse in our church facility. I agree to cooperate in any manner to provide references, employment records, or educational information to confirm my qualification to serve as a volunteer.	
Volunteers 18 and over (attach copy of your ID)	Volunteers under the age of 18
	Volunteer
SS #	signature
Driver's License #	
Have you lived at your current address for more	I authorize my son/daughter to serve as a volun- teer. I confirm he/she is qualified and
If NO, please provide your previous address	has no potential risk to the church, its property, or to the children participating;
Volunteer	Parent
signature	Signature