

**Chapel by the Lake  
Risk Management Signature Form**

I \_\_\_\_\_, on \_\_\_\_\_ do hereby:  
(Please print full name) (month/day/year)

(Please check all that apply)

- Acknowledge that I received a copy of the “Chapel by the Lake Risk Management Policy” approved by the Session on August 16, 2007, that I have read the policy, understand its meaning, and agree to conduct myself in accordance with the policy.
  
- Give my permission for the staff of Chapel by the Lake, Christian Discipleship Ministry Team, or any person designated by them, to obtain my fingerprints and submit them to the FBI and the State of Alaska for a criminal background check, and to search the national databases of registered sexual offenders and public court records for information which may have bearing on my suitability for working with the minors participating in church sponsored activities.

Please provide city, state and zip code of your current address and any previous addresses during the past 5 years:

Current:

\_\_\_\_\_  
(city) (state) (zip)

Previous:

\_\_\_\_\_  
(city) (state) (zip)

\_\_\_\_\_  
(city) (state) (zip)

\_\_\_\_\_  
(Signature) (Date)

**Office Use Only** Background Check \_\_\_ Fed \_\_\_ AK \_\_\_ Other \_\_\_ Fingerprints \_\_\_ Public Records \_\_\_  
NAME: \_\_\_\_\_  
TEAM: \_\_\_\_\_