

Dear Volunteer for Life,

“I will give thanks to the LORD with all my heart in the company and assembly of the just,” Psalm 111:1. And we do give thanks for you every day to our great God, for without you this ministry is nothing. Without you, these doors would be closed and only God knows how many lives would be lost and how many people would not hear the Gospel.

There is another verse I would like you to consider at this time in light of a request from our insurance company. Romans 13:1, “Every person is to be in subjection to the governing authorities. For there is no authority except from God, and those which exist are established by God.”

Our insurance company is asking us to do a Criminal Records Check on all Crossroads’ staff and volunteers who have client contact. For us, this is an authority issue not a trust issue. We know that everyone is here because God has brought them to this center. We love and appreciate each and every one of you and are not concerned about your yesterdays. The information is solely for insurance purposes and will be used only to fulfill this requirement. Because we are a Christian organization, we understand the need to be above reproach and will comply with this insurance request to the best of our ability.

If you have a question or any problem concerning these checks, please contact me so that we can sit down and talk. I personally know that God saves people from all kinds and sorts of pasts, according to His will. I also know that God used Paul, “the greatest of sinners,” to minister even to us, two thousand years later.

**Please complete the enclosed information sheet and return it to Crossroads as soon as possible.** Mark it “Personal, Attn: Tim”. This is confidential information and will remain so.

Thank you in advance for your help and faithful support of life.

In Christ Alone,

Tim

**Crossroads Pregnancy Center  
Information Sheet**

Complete Name (Please print legibly)\_\_\_\_\_

List any other names by which you have been known (including first, middle, and maiden name)\_\_\_\_\_

Are you currently in litigation or have ever been convicted of a crime? Y or N If yes, please explain.

\_\_\_\_\_

Race (required by State of Michigan) Please check one: White ( ) Black ( )  
Asian or Pacific Island ( ) American Indian or Alaskan Native ( ) Unknown/Other ( )

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

**Applicant's Statement:**

The information contained in this application is correct to the best of my knowledge.

I waive any right I may have to inspect any information provided about me by those identified on this application. Y or N

I authorize that a Criminal Records Check be conducted on me, including any information which pertains to any record of convictions or charges contained in police files or any criminal file maintained on me. In so authorizing, I release any law enforcement or government agency, Crossroad Pregnancy Center, or those individuals receiving the result of the check from any and all liability resulting from such disclosure.

**Signature of Agreement** \_\_\_\_\_ **Date** \_\_\_\_\_