

Policy for Background Checks *Church-Related Employees and Volunteers*

One of our many significant responsibilities as lay and ordained leaders of the Church is to create and preserve a safe environment in which all of God's people can know the presence of God and relate to one another without fear of personal exploitation or violation.

A sizeable part of that responsibility is exercising *due diligence* taking whatever reasonable steps we can take to assure the existence of such a safe environment. Background checks of church employees and certain church volunteers are examples of such due diligence. Background checks allow church authorities to screen out individuals who might be unsuitable for particular ministries and also provide us some sense of legal defense in the unlikely and rare event that unethical, illegal, or inappropriate conduct occurs within the Church.

The Bishop, the Safe Church Committee, and diocesan staff have reviewed background check procedures and examined various options. The goals included the following: more immediate reports, more useful information, better coordination, appropriate levels of investigations for each covered position, a higher level of compliance by congregations and institutions, and more cost-efficient methods of conducting the background checks.

As a result, the following procedures are now in place. Although they will be subject to review, *these are the procedures you should follow to have background checks done for employees and covered volunteer workers.*

1. When you have an employee or volunteer who needs to undergo a background check, have that person complete an authorization form (attached as Item A) and return it to you. You are then to mail it to the diocesan office:

Background Check
Episcopal Diocese of Mississippi
Post Office Box 23107
Jackson, MS 39225-3107

*Remember, no background check may be done without the **signed, fully-completed** authorization of the person under consideration.*

2. A check for the appropriate charge, made payable to the Diocese of Mississippi and noted for *Background Check*, should be enclosed with the authorization form. The applicable fees are as follows:

<u>Volunteers</u>	Volunteer Youth Worker	\$20.00
	Volunteer Youth Worker/Driver	\$30.00
	Volunteer Nursery Worker	\$20.00

*The above refer to those individuals who **work routinely and regularly with nursery or youth groups**, but specifically does not include Sunday School teachers. The terms would encompass a volunteer Christian Education coordinator, persons who work regularly and routinely in a church nursery, or an acolyte master. Persons who drive youth groups on a regular and routine basis would be considered to be covered by the second category.*

Employees

Administrator/Bookkeeper	\$40.00
Compensated Christian Education Director	\$35.00
Compensated Youth Worker	\$20.00
Compensated Nursery Worker	\$20.00
Secretary	\$20.00
Sexton	\$20.00
Organist or Choirmaster	\$40.00
Day School Principal	\$40.00
Day School Teacher	\$20.00

The category in which the person is included should be noted on the request for the background check.

3. When the request, authorization, and payment are received at the diocesan office, the background check will be conducted by staff. Routine checks should be completed within a week.
4. The Rector, Vicar or Headmaster will be notified by letter of the successful completion of the background check.
5. If the background check reveals issues which would prohibit employment or functioning in the desired role, the Rector, Vicar or Headmaster will be notified in writing and *advised of appropriate actions under the relevant federal law.*
5. Records of all background checks will be kept in the diocesan office. *Any person who has undergone a background check by the Diocese of Mississippi may request, in writing, a copy of that report.*
6. Background checks done by other agencies or employers do not negate the need or the requirement for appropriate church-initiated background checks.
7. All clergy background checks are authorized and conducted through the diocesan office.

Remember: *Our goal is a safe community. 100 percent compliance helps achieve that goal.*

Authorization to Conduct Criminal Background Check

(Please Read Carefully Before Completing and Signing)

Position for Which this Person is Applying: _____ Paid _____ or Voluntary _____

Congregation or Institution Served: _____ City _____

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Printed Full Name of Applicant:

Last	First	Middle
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Other names you have used, including maiden name and the date(s) your name(s) changed:

Race: _____

Gender: _____ Male _____ Female

Social Security #: _____ - _____ - _____

Your Date of Birth: _____
(Month/Day/Year)

Driver =s License # _____ State of Issuance _____

List all your residential addresses for the past seven (7) years, starting with your present address:

Street Address	City	State	County	Zip Code	From Mo/Yr	To Mo/Yr
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have you ever been convicted of a crime (other than minor traffic offenses)?` Yes ___ No ___

If Yes, please explain charges: (Use an additional sheet of paper if necessary) _____

In What State, What County, and What Year did these convictions occur? _____

I authorize the Episcopal Diocese of Mississippi and/or its designated agents to investigate my background as part of my application for employment, appointment, or a volunteer position. This may include information contained in public records which could include credit history, criminal files at the county, state, and federal jurisdiction levels, motor vehicle records, and investigations of employment history and performance and educational credentials. I hereby release all persons, companies or corporations furnishing such information from liability and responsibility. A photostatic copy of this document can be substituted for the original. This document shall be valid for a period of 1 (one) year from the date of my signature.

Signature of Applicant _____

Date ____/____/____