

St. Peter's Lutheran  
**Child Protection Program**  
*Certification Application Instruction*

- Tear off this page and refer to it while filling out the rest of the pages.
- When filling in the blanks on all forms, please **PRINT** using only **BLACK INK** for readability.
- There are 2 sides to the application:
  1. Side one is the personal information that we keep on file at St. Peter's. Please fill out this page completely.
  2. Side two contains two portions. The top half is personal questions that we need to ask those working with children.
- Use the blanks at the left indicate "YES" or "NO" in response to each question.
- **Sign and date the form.**

The bottom half is for OFFICE USE ONLY.

- Please do NOT enter anything on the bottom portion of the actual form.
- Our new background check company requires a Social Security number. Please write this on the sticky note attached to the bottom. Once we run the background check, we will destroy this sticky note. We do NOT keep your SSN on file!

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## CHILD PROTECTION PROGRAM: Volunteer Application Adult Form – Level 1 & 2

We are seeking to provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. This form is to be completed by all volunteer workers for any position involving the instruction, supervision, or custody of minors.

We are aware that the Body of Christ is made up of many unique people and experiences. Praise God, we are all sinners saved by His Grace! While it would never be our intention to judge and condemn, we believe it is our God-given responsibility (Matthew 18:6) to provide a safe and secure environment for our children. As such, we ask for your cooperation and assistance in complying with the guidelines of our Child Protection Program.

Personal Information			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <i>Name</i> Last: </div> <div style="width: 30%;">First:</div> <div style="width: 30%;">Middle:</div> </div>			
<i>Date of Birth:</i> ___/___/___  <i>Is this a:</i> <input type="checkbox"/> New Certification <input type="checkbox"/> Re-certification		<i>Telephone</i>  Cell:  Home:	
<i>Email address:</i>			
<i>Current Address</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street:</div> <div style="width: 15%;">City:</div> <div style="width: 15%;">State:</div> <div style="width: 25%;">Zip:</div> </div>			
Church Membership			
<input type="checkbox"/> St. Peter's member (less than one year) <input type="checkbox"/> St. Peter's member (1-5 years) <input type="checkbox"/> St. Peter's member (more than 5 years) <input type="checkbox"/> Non-member home church:		<i>(Please complete this information if a non-member or a member less than 5 years)</i> Current or former church:  City/State:  Phone number:	
References			
List two references, <u>not relatives</u> , whom we can contact about you and your work with children or youth. If you list members of St. Peter's, you need only include their name and relationship to you.			
Name	Relationship	Email address	Telephone

You are advised that in connection with your application for volunteer service, St. Peter's Lutheran Church may make an investigation of your background, references, character, and criminal history information, which may be conducted through personal interviews or which may be obtained from any federal, state or local files, including those maintained by public or private organizations, and all public records for the purpose of confirming the information contained in your application and/or obtaining information which may be material to your certification for volunteer ministry.

In regards to the safety and welfare of children, co-workers and others, St. Peter's Lutheran Church requires that its employees and volunteers pursue moral and ethical lifestyles. As such, we desire a "yes" or "no" answer to each of the following questions. Please attach a separate sheet of paper to explain in detail any "yes" responses. A "yes" answer will not necessarily disqualify you, but may limit your involvement.

- \_\_\_\_\_ 1. Have you ever been convicted of a misdemeanor (excluding minor traffic violations)?
- \_\_\_\_\_ 2. Have you ever been convicted of a felony?
- \_\_\_\_\_ 3. Have you ever been formally accused of, found guilty of, or entered a guilty plea in a court of law to any form of child abuse or neglect?
- \_\_\_\_\_ 4. Have you ever engaged in pedophilia or child pornography?
- \_\_\_\_\_ 5. Do you have any physical limitations that would hinder you in fully working with children? (communicable diseases, physical/mental disabilities, medications, ...)
- \_\_\_\_\_ 6. Is there any other reason, including those related to physical or mental health, that might keep you from effectively working with or might cause potential harm to children or youth?
- \_\_\_\_\_ 7. **Is there anything in your lifestyle that is in contradiction to our organization's mission or doctrinal stand?**

The information contained in this application is correct to the best of my knowledge. I authorize and references or churches listed in this application to give you any information that they may have regarding my character and fitness for working with children and youth.

In consideration of the receipt and evaluation of this application by St. Peter's Lutheran Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature at any time to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization, excepting only the communication of knowingly false information.

Should my application be accepted, I agree to be bound by the bylaws and policies of St. Peter's Lutheran Church and to refrain from unscriptural conduct in the performance of my services on behalf of the volunteer ministry.

I agree that I have read and understand the above acknowledgements and agreements and recognize all the above as conditions of the volunteer ministry.

Date \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**OFFICE USE ONLY** - *please do NOT write in this section*

Application Received Date: \_\_\_\_\_

CPP Training Date: \_\_\_\_\_

CPP Interview Date: \_\_\_\_\_ (Level 1 only)

Background Check: \_\_\_\_\_ ☐ Approved ☐ Not approved

☐ Approved: ☐ Level 1  
☐ Level 2 reason: \_\_\_\_\_

CPP Expiration Date: \_\_\_\_\_ ☐ New ☐ Recertification

☐ Not Approved  
Comments ...

Date: \_\_\_\_\_ Church Staff Reviewer: \_\_\_\_\_