



Crossroads Church

Training Completion Checklist

Each volunteer needs to read and complete the content of this kit and the accompanying CD.

Listed below are the components of each section:

- 1. View the Training Orientation Video with a class or on my own. (found on www.cr4u.net or on a CD if requested)
- 2. Volunteer Application --part 1 --personal information (pages 2)
 - A. Volunteer Reference Form (To be given to those who serve as references) (page 3)
- 3. Volunteer Application --part 2 legal concerns (page 4) (signature required)
 - A. Inquirehire authorization to perform a background check (pages 5) (signature required)
 - B. Summary of Your Rights Under Fair Credit Reporting Act (page 6)
 - C. These may be completed on paper or by responding to an email request for this permission.
- 4. Worker Supervision Policy Statement (page 7) (signature required)
- 5. KinderZone and Nursery Security and Bathroom Policy (page 8) (signature required)
- 6. Procedures for Responding to Reporting Allegations of Sexual Abuse of a Minor (page 9) (signature required)
- 7. Complete Bloodborne Pathogen Training as instructed (page 10)
- 8. Bring BBP Training Certificate to the church office
- 9. Provide Bloodbourne Pathogen Certification of Completion to Crossroads
- 10. Read First Aid Procedures Sheet (page 11) (signature required)
- 11. View the First Aid Video in its entirety (found on www.cr4u.net or on a CD if requested)
- 12. I've located the primary and secondary First Aid Kits in the Ignite Room and in the Kitchen and inspected them both to be sure they're stocked and to be familiar with all the contents. If there are any supply deficiencies, I've already reported those to the church office. (page 11)
- 13. Nursery, KidZone and KinderZone workers will receive a name badge which Crossroads will purchase for them. In return all agree to wear badge every time they serve. Replacement name badges can be purchased by the volunteer for \$14. For the safety and security of parents and children, all nursery, KinderZone and KidZone workers are to wear their name badge every time they serve, so replacing lost badges is very important.
- 14. Read, sign and return this entire 11 page document. (If you print your own, please staple once in upper left corner.)

Applicant's Signature: _____ Date: _____

By signing I agree that I have completed and will implement the training associated with each segment that is checked above.



Crossroads Church

Volunteer Application For Child & Youth Workers --part 1

Because it is our desire to provide a safe and secure environment for our children and youth who participate in our church programs, this application is to be completed by anyone desiring to work with children and youth at Crossroads Church.

Personal Information:

Name: _____ Date of Birth: _____ Date: _____

Phone: (Home) _____ (Cell) _____

Address: _____

Occupation: _____ Employer: _____

Work Status: Part Time, Full Time, Homemaker, Student, Retired, other _____ (specify)

Marital Status: Single, Married, Divorced, Remarried, Widowed

Names and ages of Children: _____

Highest level of education attained: (circle one)

High School College Masters Doctorate

A. Previous experience- Please list the organizations or churches where you have served in the area of children's and/or youth work in the past five years. Please be specific.

B. Desire to serve- Please list the ways you would like to serve within with our children's and/or youth ministries.

C. List the name and address of any other churches you have attended regularly during the past five years:

D. List any experience, training, education, spiritual gifts or other factors that have prepared you for ministry to youth or children:

E. Personal References (required if you have been part of Crossroads for less than 2 years)

Please list the name, address, and phone number of three personal references (not relatives) who would know you and be willing to complete a reference form, in the event that personal references are needed or required.

1. _____

2. _____

3. _____



Crossroads Church
Child and Youth Worker Reference Form
CONFIDENTIAL

Dear Reference Provider,

_____ is applying to become a volunteer worker with our youth and/or children's ministry and has given your name as a personal reference.

This position requires close contact with students and we want to ensure that these relationships will be healthy and constructive. Please complete the form below and use the enclosed envelope to send us your evaluation of this person's character and integrity. Your response will remain confidential.

1. Describe your relationship with this person:

2. How long have you known this person: _____ years _____ months

Please use the following scale to respond to questions 3 thru 9:

1-Low 2-Below Average 3-Average 4-Very Good 5-Excellent

How would you rate his/her ability at the following:

3. Involvement in peer relationships? _____

4. Emotional Maturity? _____

5. Ability to resolve conflict? _____

6. Following thru with commitments? _____

7. Ability to relate to teenagers? _____

8. Ability to relate to children? _____

9. Spiritual maturity? _____

10. What are this applicant's greatest strengths?

11. Do you have any concerns regarding this person working with students?

signature of reference provider

Thank you for taking the time to fill out this reference form and returning it promptly. Please feel free to write on the back if additional space is needed. If you have any questions regarding this reference, please feel free to call Pastor Rick Gates at 515-465-5478.

Please return completed form in sealed envelope with your signature across the seal to:
Pastor Rick Gates, Crossroads Church, 2810 First Ave, Perry, IA 50220



Crossroads Church

Volunteer Application For Child & Youth Workers --part 2

Legal Concerns (confidential)

In caring for our youth and children, we believe it is our responsibility to seek volunteer staff that are able to provide healthy, nurturing relationships in a safe and secure environment for those students who participate in our programs and use our facilities. Please answer the following questions accordingly.

1. Have you ever been accused or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes / No If yes, please explain:

2. Have you ever been arrested and/or convicted of a crime? Yes / No If yes, please explain:

3. Have you ever gone through treatment for alcohol or drug use? Yes / No If yes, please explain:

4. Have you ever had your license revoked because of a traffic offense? Yes / No If yes, please explain:

Complete Legal Name (first/middle/last): _____

Complete Legal Address: _____

Date of Birth _____ Email address: _____

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information that they may have regarding my character and fitness to be working with youth and/or children. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. Should my application be accepted, I agree to abide by the Child Protection Policy of Crossroads Church and to refrain from inappropriate conduct in the performance of my service on behalf of the church.

By signing below I grant Crossroads permission to conduct a thorough criminal background check.

Applicant's Signature: _____ Date: _____

The following 2 pages are the release required by Inquirehire, the company we contract with to perform the background check.



AUTHORIZATION FOR REPORTS

CONSUMER

Volunteer Authorization Form

Instead of completing this paper document, **I HAVE** or **I WILL** (circle one) respond to the email request for permission to perform my background check. _____
signature

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Crossroads Church. If my volunteer service is initiated, this authorization shall remain on file and shall serve as ongoing authorization for Crossroads Church to procure such reports at any time during my volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: **Inquirehire**, 320 LeClaire Street, Davenport, IA 52801, telephone number (800) 494-5922, upon proper identification, to obtain copies of any reports furnished to **Crossroads Church** by the **Inquirehire** and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and **Inquirehire**, on **Crossroads Church's** behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). **Inquirehire** will also disclose the recipients of any such reports on me which **Inquirehire** has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to **Crossroads Church** obtaining the above information from **Inquirehire**. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with **Inquirehire**. I may view **Inquirehire's** privacy policy at their website: www.inquirehire.com.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials required).
(printed on the next page of this document)

I am providing the following information for the preparation and proper verification of the consumer report:

Previous maiden name or other married name? Yes___ No___

If yes, list names and corresponding years: _____

Drivers License number: _____ State of issuance (DL): _____

Date of Birth: _____ Social Security Number: _____

List all past **counties** of residence **and** corresponding years: (i.e. Scott, IA 2007 – 2017)

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

Current Address, City, State, & Zip _____

Signature Date

Email address

Print Full Name - Include Middle Name (please print legibly)

Parent/Guardian Signature if under 18

Date

Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records.) Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of a fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for report to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688)
- **You may seek damages from violators.** If a consumer reporting agency, or in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your Federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Consumer Financial Protection Bureau 1700 G Street NW., Washington, DC 20562 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, D.C. 20580 877-382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney St, Suite 3450 Houston, TX 77010-9050 800-613-6743 b. Federal Reserve Consumer Help Center P.O. Box 1200, Minneapolis, MN 55480 c. FDIC Consumer Center 1100 Walnut Street, Box #11, Kansas City, MO 64106 d. National Credit Union Administration Office of Consumers Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Ave, S.E., Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third St, SW 8 th floor, Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE., Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Protection Credit Associations	Farm Credit Administration 1501 Farm Credit Drive, McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580 877-382-4357

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Crossroads Church

Worker Supervision Policy Statement

The quality of our staff is very important. We are looking for men and women who have a desire to care for children and youth. It is our desire to keep those that God has entrusted to us as safe and secure as possible.

All personnel of Crossroads Church (both volunteer and compensated), who work with children (under 18 years of age), must adhere to the following policies and procedures in order to reduce the risk of child sexual abuse (See attachment for definition of sexual abuse):

1. Complete the "Volunteer Application for Child and Youth Workers" and all the accompanying trainings.
2. Read, understand and agree to implement all of the Crossroads policies and procedures related to child care and protection.
3. Any volunteer who has been in active children's or youth ministry at CRC less than two years will be asked to provide references.
4. Follow these procedures:

A. "Rule of Two"

1. Nursery through Grade 5: Two adult supervisors or one adult and one teenager must be present during any church children's or youth function. Classes without two supervisors must either cancel or combine with another class.
2. Grades 6 through Grade 12: One adult may meet with two or more youth. One adult must not meet with one student alone, unless parental/guardian permission has been granted. This also applies to transportation to and from events.
3. For Youth Group meetings it is preferred that two adult leaders are present, and suggested (but not required) that youth meetings be dismissed if there are not two adult workers present, as long as 2 or more students are present.

B. Church staff or volunteer workers must obtain the consent of a child's parent or guardian before going out alone with that child, spending time alone with that child, or spending time with the child in an unsupervised situation. Workers should also notify an appropriate church leader of such meetings in advance if at all possible. If parental or guardian consent is not obtained, the "Rule of Two" must be strictly observed.

C. If classroom doors do not have windows, they should be left open during use so that persons passing by can observe inside. Church leaders should visit or inspect areas of the building isolated from view.

D. Programs that involve children and youth should have adequate supervisory personnel. Supervision should be provided before the event and afterward event until all children are in the custody of their parents or legal guardians.

E. Overnight rule. All adult chaperons and supervisors should be cleared in advance with the proper church leaders.

1. In any public building one adult must remain awake and alert at all times.
2. Students housed in private homes must be in groups of two or more.

F. Any person who has reason to believe that a minor has been sexually abused on church property, at a church sponsored function or in a relationship arising out of a church event or function, shall immediately report such a matter to the Pastor or Children's Coordinator of CRC. (We have an approved procedure for reporting, investigating and responding to allegations of sexual abuse of a minor.)

Applicant's Signature: _____ Date: _____



Crossroads Church

Children's Ministry Security and Bathroom Policy

1. All staff have completed background checks.
2. Open door policy – Upper Nursery door shall remain open at all times for the safety of the children. The windows in the doors of all classrooms will remain unobstructed and curtains of the 2 way mirrors will remain open. For rooms where the doors have no windows, the doors shall remain open at all times.
3. Staffing – The “Rule of Two” will be observed in each classroom.
4. Toileting –
 - 4a. For children up through grade K:
 - A female staff person (if present and available) will accompany a child or children regardless of the child's gender into the women's restroom to an appropriate personal stall. If there is no female staff person present, then a male will accompany the child into the men's room, after first making sure there is no one else in the bathroom. The staff person may assist with fasteners, with hand washing, and with personal hygiene as needed.
 - 4b. For children in grades 1-6:
 - Children (in groups of 2 or more) may be accompanied to the restroom of their gender by an adult worker. The adult will walk the children to the bathroom. After checking the room, the adult will remain in the hall at the open door, where the adult will remain until all children are finished in the bathroom and walk them back to the classroom.
5. Diapering - Diapering of nursery children will be attended to in the nursery area with both staff present, following the guidelines posted in the nursery. The child's parent may be summoned to take care of the diapering.
6. This policy is posted near the nursery door. If the parents do not accept this policy then the parents will be responsible to accompany their child to the restroom and/or change their diaper.

Applicant's Signature: _____ Date: _____



Crossroads Church

Procedure for Responding to and Reporting Allegations of Sexual Abuse of a Minor

1. Any person who has reason to believe that a minor has been sexually abused on church property, at a church-sponsored function, or in a relationship arising out of a church event or function, shall immediately report such a matter to the Pastor of Crossroads Church. If the pastor is not available, this shall be reported either to the Ministry Leader or a member of the Leadership Team.
2. The Senior Pastor and a representative of the Leadership Team shall promptly investigate the allegations by discussing the matter with the victim, the accused, and or any other witnesses to this incident.
3. All parties will be treated with dignity and support.
4. The Pastor will notify the parent(s) or guardian(s) of the minor.
5. A written report of the incident will be prepared by the Pastor and the Leadership Team and such report will be retained by the church for a minimum of (a) five years after the alleged victim reaches the age of 18, and (b) for the period of time the accused attends CRC.
6. If the allegations appear to be valid, the matter shall be reported to an attorney for the church, the church insurance company (within 48 hours), and may, with the consent of the Pastor and Leadership Team, be reported to the Iowa Department Human Services and/or law enforcement authorities.
7. A written statement shall be prepared by the Senior Pastor and the Leadership Team in the event it becomes necessary to convey the news to the congregation and to answer inquiries from the press. Every effort should be made to protect the confidentiality of both the victim and the accused.
8. The Senior Pastor shall be the only designated spokesman for the church. If the Senior Pastor is not available to be the spokesperson, then the Leadership Team shall either wait, albeit briefly, for the Senior Pastor to be available, or appoint one of their members, who alone shall fulfill this responsibility until such a time as the Senior Pastor is able to do so.

Applicant's Signature: _____ Date: _____



Crossroads Church

Bloodborne Pathogen Training

Each Volunteer trained at Crossroads is required to complete an online class dealing with the area of bloodborne pathogens. There is course if free and is provided by our Insurance Company, Brotherhood Mutual. To complete this training you will follow the instructions in the email you will receive from:

TrainingAlerts@DriversAlert.com

Please Note: **"Your Last Name"** is the **username** and your **password** will be set to **"driversalert"**
The body of the email will look like this (below) except for the two arrows and the explanation to the left of them.

Welcome to Brotherhood Mutual. You have been assigned training that can be accessed by following the instructions below:

[Click Here Right Now To Review Training](#)



Click either link and enter your credentials to complete the training which takes about 30 minutes.

<http://www.driversalert.com>
Username **YOUR LAST NAME**
Password **driversalert**

- Navigate to <http://www.driversalert.com>. We recommend using Google Chrome Browser.
- Look for the Login button at the top right on the home page.
- Type in your username, **YOUR LAST NAME**, in the box next to where it says Username.
- Type in your password, **driversalert**, in the box next to where it says Password.
- Click the "Login" button in the same section.
- If assigned, available training will be listed.
- Click on the name of the course to begin the training.
- A test score of 70 is required to pass training. Press Return to LMS when you are finished.
- Enjoy your training and have a safe day!

If you have any questions or need help, please call customer service at 1-800-443-9600.

Login above to complete the following overdue courses:

CourseName	Date Due	Business Days Late
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Once there,

1. Complete the course and take the test .
2. When finished and you pass with a score of 70% or higher, use their print button to print a copy of the certificate and bring it to the church office or your ministry leader.
3. That's all!



Crossroads Church

First Aid

Each volunteer child or youth worker at Crossroads is required to view a 33 minute video dealing with various aspects of First Aid.

The video contains segments on the following areas:

1. How to use a first aid kit
2. Bleeding
3. Choking in Adults and Children
4. Heart Attack
5. Medical Shock
6. Asthma

FIRST AID KITS ARE LOCATED in the Ignite Room and in the Kitchen. Location stickers are on the door of each room and on the specific cabinet containing the first aid kit.

Secondary First Aid Kits are located in the same location as the first aid kits and contain additional supplies such as face shields for mouth-to-mouth breathing, extra gloves, disposal bags for bloody refuse disposal.

At any point that a worker determines that a situation or an injury is beyond their ability to safely control and treat, they should ask immediately for help.

Call 911 IMMEDIATELY for any life-threatening event.

Call 911 as soon as it is considered necessary in non-life-threatening events.

I've located the primary and secondary First Aid Kits in the Ignite Room and in the Kitchen and inspected them to be sure they are stocked and to become familiar with all the contents. If there are any supply deficiencies, I've already reported those to the church office.

I've viewed the entire first aid video from the Crossroads CD or web site.

Applicant's Signature: _____ Date: _____

By signing I agree that I understand the policies on this page and procedures in the video.