

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

- When filling in the blanks on all forms, please **PRINT** (*not write*) in **ALL CAPITAL LETTERS** using only **BLACK INK** for readability.
- There are 3 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 of 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.
- 3. The last side is an Indiana government form and must be filled out precisely to enable us to get your background check.
 - Use **BLACK** pen
 - **PRINT** don't *write* your responses
 - Print in all **CAPITAL** letters
 - Fill in the following sections:
 1. Section A – just the first line with your legal name.
 2. Section B – all boxes except those that don't apply in question 18.
 - **Double check to make sure that you have signed box 9 and dated box 11.**

Thank you!

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

<i>Name</i>			
Last:	First:	Middle:	
<i>Date of Birth:</i> ___/___/___		<i>Telephone</i>	
<i>Is this a:</i> <input type="checkbox"/> New Certification <input type="checkbox"/> Re-certification		Cell:	Home:
<i>Email address:</i>			
<i>Current Address</i>			
Street:	City:	State:	Zip:

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:	(Please complete this information if a non-member or a member less than 5 years) Current or former church: Address: Phone number:
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References

List two references, not relatives, 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	Address City, State	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.

- CONFIDENTIAL
- ___ 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: _____



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R6 / 8-15) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* **PLEASE NOTE:** If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, www.in.gov/dcs. On the left hand side of the page, click on Contact Us, and then click on Local.

SECTION A - TO BE COMPLETED BY REQUESTING ORGANIZATION

1. Legal first name of applicant		Legal middle name of applicant (If none, indicate "no middle")		Last name of applicant	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____					
3. Type of requesting organization					
<input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____ <input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____ <input checked="" type="checkbox"/> Other (insert name of requestor) ST. PETER'S LUTHERAN CHURCH & SCHOOL					
4. Name of contact person for organization			5. Telephone number (include area code)		6. Fax number (include area code)
GEORGE DENHOLM			(812) 372-1571 X2128		(812) 372-7556
7. Mailing address of organization (number and street, city, state, and ZIP code)				8. E-mail address of requestor	
719 FIFTH ST, COLUMBUS, IN 47201-6306				GDENHOLM@STPETERS-COLUMBUS.ORG	

SECTION B - TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE

I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. **This authorization is valid for sixty (60) days from the date of consent below.**

9. Signature of applicant or applicant's legal representative		10. Relationship to applicant		11. Date signed (mm/dd/yyyy)		12. Gender of applicant	
[Signature]		SELF				<input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)			14. Date of birth of applicant (mm/dd/yyyy)		15. Race of applicant		
16. Current residential address of applicant (number and street, city, state, and ZIP code)					17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-		
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).							
County		Year Began	Year Ended	County		Year Began	Year Ended
Example - XYZ County		02/1992	Current	18c.			
18a.				18d.			
18b.				18e.			
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime?						If yes, complete 19a through 19e. If no, please stop.	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.							
19a. Maiden name (if ever married) (first, middle, and last name)				19b. Other last name(s)			
19c. Nickname or shortened first name				19d. Pre-adoptive name or other alias name / how used			
19e. Other alias name / how used							

SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20, 21, & 23-27; complete 22 when applicable.)

20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana?		If yes, was there ever any negative action taken on the foster care application or license?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Minor, Employee, or Volunteer		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.			
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? *			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.			

22. The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below.			
<input type="checkbox"/> If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law.			
23. Signature of staff member completing check		24. Title of staff member completing check	
25. Date (mm/dd/yyyy)			
26. Printed name of staff member completing check		27. Indiana Department of Child Service office completing check	
		_____ County Local Office / Central Office Background Check Unit	