

Participation Covenant Statement for Volunteers with Children and Youth

First Baptist Geraldine is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

- 1. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should volunteer to work with children or youth in any church-sponsored activity.
- 2. Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his/her willingness with one of our church's ministers before accepting an assignment.
- 3. All adult volunteers involved with children or youth of our church must be an active participant of the church for 6 months before beginning a volunteer assignment.
- 4. Adult volunteers with children and youth shall observe the "Two-Adult Rule".
- 5. Adult volunteers with children and youth shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
- 6. Adult volunteers shall immediately report to the appropriate minister any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

- 1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth? Yes No
- 2. As a volunteer in this congregation, do you agree to observe the "Two-Adult Rule"? Yes No
- 3. As a volunteer in this congregation, do you agree to abide by the rules of volunteers before beginning a volunteer assignment? Yes No
- 4. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to our volunteer assignment? Yes No
- 5. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to the appropriate minister? Yes No
- 6. As a volunteer in this congregation, do you agree to discuss with a minister of this congregation your experience, if any, as a survivor of child abuse? Yes No
- 7. As a volunteer in this congregation, do you agree to inform a minister of this congregation if you have ever been convicted of child abuse? Yes No

I have read this **Participation Covenant**, and I agree to observe and abide by the policies set forth above.

Signature of Applicant _____ Date _____

Print full name _____

EMPLOYMENT APPLICATION

This employment application for children's worker is to be completed in addition to employment application for First Baptist Church Geraldine.

Name: _____
 Last First Middle

Are you over the age of 18? Yes No

Present address:

City: _____ State _____ Zip: _____

Home Phone: _____

Position applied for: _____

Date you are available to start:

Qualifications:

Academic achievements: (Schools attended, degrees earned, dates of completion)

Continuing education completed: (Courses taken, dates of completion)

Professional organizations: (List any in which you have membership)

First aid training? Yes No Date completed _____

CPR training? Yes No Date completed _____

Previous Work Experience: Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/ employer, the address of company/ employer, the name of your immediate supervisor, and the dates you were employed in each position.

Previous Volunteer Experience: Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? No Yes

If yes, please explain:

References: Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

1. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Length of time you have known reference: _____
Relationship to reference: _____

2. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Length of time you have known reference: _____
Relationship to reference: _____

3. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Length of time you have known reference: _____
Relationship to reference: _____

Waiver and Consent:

I, _____, hereby certify that the information I have provided on this application for employment is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by First Baptist Geraldine, I agree to abide by and be bound by the policies of First Baptist Geraldine and to refrain from inappropriate conduct in the performance of my duties on behalf of First Baptist Geraldine. I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

_____	_____
Signature of Applicant	Date
_____	_____
Witness	Date

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize First Baptist Geraldine to request the _____ police/sheriff's department to release information regarding any record of charges or convictions contained in it's files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant Date

Print applicant's full name: _____
Print all other names that have been used by applicant (if any): _____

Date of birth: _____ Place of birth: _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

Request sent to: _____

Name: _____

Address: _____

Phone: _____

APPLICATION FORM FOR ADULT VOLUNTEER WORKING WITH CHILDREN

Name: _____

Address: _____

Daytime phone: _____

Occupation: _____

Employer: _____

Current job responsibilities and schedule: _____

Previous work experience: _____

Previous volunteer experience: _____

Special interests, hobbies, and skills: _____

How many hours per week are you available to volunteer? _____

_____ Days _____ Evenings _____ Weekends

Can you make a one-year commitment to this volunteer role? _____

Do you have your own transportation? _____

Do you have a valid driver's license? _____

Do you have liability insurance? (list policy limits and name of carrier) _____

Why would you like to volunteer as a worker with children (which includes youth)?

What qualities do you have that would help you work with children (which includes youth)?

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)? No Yes

If yes, please explain fully:

Have you ever become aware of an incident of child abuse or neglect: No Yes

If yes, how did you feel about the incident? _____

Would you be available for periodic volunteer training sessions? Yes No

References: Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Relationship to reference: _____

2. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Relationship to reference: _____

3. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Relationship to reference: _____

Signature of Applicant Date

Form for Reference Check

Applicant name: _____

Reference name: _____

Reference address: _____

Reference phone: _____

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about having the applicant as a volunteer worker with your child and/or youth?
9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
11. Please list any other comments you would like to make:

Reference inquiry completed by: _____

Signature

Date

REFERENCE CHECK AUTHORIZATION FORM

The information contained in this application form is correct to the best of my knowledge. I authorize any references to give you any information, including opinions, which they may have regarding my character and fitness for work with children. Each reference will be asked to submit the name of one person to be used as a reference. In consideration of the receipt and evaluation of this application by First Baptist Geraldine, 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 which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me or my references in this screening form.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of First Baptist Geraldine and to refrain from unscriptural conduct in the performance of my services on behalf of First Baptist Geraldine.

I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Print Name _____ Date _____

Applicant's Signature _____

Print Witness Name _____ Date _____

Witnesses' Signature _____

APPLICATION FORM FOR YOUTH VOLUNTEER WORKING WITH CHILDREN

This form is to be completed for any position (paid or volunteer) involving the supervision or care of children. This is being used to provide a safe and secure environment for the activities or programs of the church.

Name: _____
Last First Middle

ID or DL# _____ Date of Birth _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

School: _____ Grades: _____

(If less than one year)

Previous Address _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

School: _____ Grades: _____

I understand that in serving as a volunteer or in a paid position for FBC that I am willing to abide by the Policies and Procedures set forth in the Risk Management Program to reduce the risk of Child Abuse in this church. I understand that child abuse is a serious matter and will do my part in the prevention of child abuse.

Signature of Teen Worker Date

I do not know of any reason why my child should not serve as a Youth Worker with Children. They do not demonstrate any signs of being a potential risk to the church.

Signature of Parent/Guardian Date

REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE

1. Name of worker (paid or volunteer) observing or receiving disclosure of child abuse:

2. Victim's name: _____

3. Date and place of initial conversation with or report from victim:

4. Witness statement (give your detailed summary here):

5. Name of person accused of abuse: _____

Relationship of accused to victim (paid staff, volunteer, family member, other): _____

6. Name of minister reported to: _____

Date/time: _____

Summary: _____

Signature of reporter: _____ Date: _____

The information after this point will be recorded by ministerial staff only.

7: Call to victim's parent/guardian: _____

Date/time: _____

Spoke with: _____

Summary: _____

Signature

Date

8. Call to local children and family service agency: _____
Date/time: _____
Spoke with: _____
Summary: _____

Signature _____ Date _____

9. Call to local law enforcement agency: _____
Date/time: _____
Spoke with: _____
Summary: _____

Signature _____ Date _____

10. Other contacts: _____
Name: _____
Date/time: _____
Summary: _____

Signature _____ Date _____

Signature _____ Date _____

PHYSICAL INJURY ACCIDENT REPORT FORM

(Please print all information.)

Date of injury: _____ Time of injury: _____

Name of child/youth injured: _____

Address of child/youth: _____

Place where injury occurred: _____

Parent or guardian: _____

Name of person(s) who witnessed the injury: _____

Name: _____

Name: _____

Name: _____

Describe injury:

PAID AND VOLUNTEER CHILD WORKER ENLISTMENT CHECKLIST

Volunteer's Name _____

TASK TO COMPLETE	COMPLETED BY - INITIAL	DATE
<input type="checkbox"/> Receive Employee or Volunteer Application	_____	_____
<input type="checkbox"/> Distribute Policies & Procedures	_____	_____
<input type="checkbox"/> Distribute Participation Covenant Statement	_____	_____
<input type="checkbox"/> Receive Reference Check Authorization	_____	_____
<input type="checkbox"/> Receive Criminal Records Check Authorization	_____	_____
<input type="checkbox"/> Check References	_____	_____
<input type="checkbox"/> Perform Criminal Records Check	_____	_____
<input type="checkbox"/> Review Criminal Background Check	_____	_____
<input type="checkbox"/> Interview Applicant	_____	_____
<input type="checkbox"/> Receive Participation Covenant Statement	_____	_____
<input type="checkbox"/> Conduct Worker Training	_____	_____

INCIDENT REPORT CHECKLIST

In the case of an allegation of child/youth sexual abuse, the volunteer or clergy staff person who observes or to whom the information is given is required by First Baptist Church and by the state law to complete the tasks listed below. Date and initial as each step is completed.

Date:_____	Initial:_____	For ministers: remove the accused from the situation and suspend the accused from duties involving children.
Date:_____	Initial:_____	For volunteers: Remove the accused from the situation and immediately notify the closet available minister who will suspend the accused. If the minister to whom the allegation is reported is not the department director, the person reporting will inform the director as soon as possible
Date:_____	Initial:_____	Make written documentation of everything done and said. If the person reporting the allegation is a volunteer, both the volunteer and the minister to whom the volunteer has reported will document the procedures taken.

The procedures after this point will be administered by ministerial staff persons only.

Date:_____	Initial:_____	Immediately notify the parents/guardians of the alleged victim and respond to their questions and concerns.
Date:_____	Initial:_____	Immediately notify state authorities. Failure to report any suspected, alleged or witnessed abuse is a crime.
Date:_____	Initial:_____	Immediately notify Pastor.
Date:_____	Initial:_____	Make written documentation of persons contacted and action taken to this point.

Date:_____	Initial:_____	The minister will immediately begin the internal and pastoral care process.
Date:_____	Initial:_____	Notify the insurance carrier of the incident immediately and comply with its investigation, if any.
Date:_____	Initial:_____	Cooperate with legal and state authorities in their investigations, if any.
Date:_____	Initial:_____	Prepare a written statement and designate a spokesperson to respond to media inquires.
Date:_____	Initial:_____	Provide assistance to the alleged victim and his/her family in obtaining counseling or referral to a mental health professional, if needed.
Date:_____	Initial:_____	Respond to the needs of the families of the alleged victim and the accused to seek a redemptive solution for all involved.
Date:_____	Initial:_____	Inform the affected volunteer(s) and paid staff members of the need for confidentiality, and.
Date:_____	Initial:_____	Consider and respond to the concerns of other parents.
Date:_____	Initial:_____	The director of the affected ministerial area will respond to the pastoral care concerns of persons within the department.
Date:_____	Initial:_____	Within five (5) days of the alleged abuse, the minister who made the original report will prepare a written report and send one copy to the state agency and will give one copy to the senior pastor.
Date:_____	Initial:_____	Make written documentation of persons contacted and action taken.

CONFIDENTIAL

ABUSE/MOLESTATION INCIDENT REPORT FORM

Reporting abuse can precipitate severe consequences to an individual and family, so it should never be done casually or thoughtlessly, and certainly not for malicious purposes. At the same time, failing to report abuse can have severe consequences to a child at risk. Therefore, if you have reasonable cause to suspect abuse by anyone toward a minor, you should document and report incidents to the appropriate age-group minister.

I have observed conduct that I feel would fall under the definition of sexual abuse as defined in First Baptist Geraldine's Child Protection Policy.

DEFINITION OF CHILD SEXUAL ABUSE: The National Resource Center on Child Sexual Abuse defines child sexual abuse as "any sexual activity with a child, whether in the home by a caretaker, in a day-care situation, in any organized ministry, whether at the main facility (church) or away, or in any other setting, including on the street by a person unknown to the child. The abuser may be an adult, an adolescent, or another child provided the child is four [4] years older than the victim."

Child sexual abuse can be violent or nonviolent. It is criminal behavior that involves children in sexual behavior. Child sexual abuse can involve fondling; penetration of the oral, genital, and anal areas; intercourse; and forcible rape. Other forms of abuse can include verbal comments, pornographic videos, obscene phone calls, exhibitionism, or allowing children to witness sexual activity.

I understand that this material is to be treated as highly confidential and that I am not to discuss it with anyone else other than the age-group minister to whom I make this report.

Your Name _____

Date this report was made _____

REPORT OF THE INCIDENT:

Date of the incident _____ Time incident occurred _____

Suspected Abuser's Name _____

Minor's Name (victim) _____

Describe nature of the incident:

Personal observations of indications of suspected abuse that are not readily explained:
(Circle any or all that apply)

Physical Abuse

Unexplained bruises
Welts
Lacerations
Burns
Fractures
Abdominal injuries
Human bites
Child usually wary of physical contact with adults
Demonstrates extremes in behavior
Seems frightened of parents or caretaker

Sexual Abuse

Child reports abuse by others
Has difficulty walking or sitting
Torn, stained or bloody underclothing
Complaints of pain or itching in genital area
Bruises or bleeding in external genitalia, vaginal or anal area
Unusual interest in or knowledge of sexual matters
Unusual and excessive behaviors inappropriate for a child of that age

Provide a complete description for the personal observations of indications of suspected abuse you have circled above:

I have reviewed the above report. It is true and correct, based on my personal observations.

Signature of Person Making Report

Date

Received By: _____
(Minister)

Date

