

EMPLOYEE APPROVAL CHECKLIST

**DO NOT CROSS OFF, SCRIBBLE OUT OR USE WHITE-OUT ON ANY DOCUMENTS.
START OVER IF NECESSARY.**

This list must be placed on top of paperwork that is sent to the Human Resources Department. Each item must be checked off and included in the paperwork. **Failure to do so may result in delayed approval.**

- ☐ Request for Employment Approval Form (filled out by Kroc Admin)
- ☐ Application for Employment with Applicant Release and Authorization (Signed)
- ☐ Signed Job Description(s) (Signed by Employee, Supervisor, Kroc Officer)
- ☐ Completed W-4 Form (Federal tax w/h) *Signed*
- ☐ Completed IT-4 Form (State tax w/h) *Signed*
- ☐ Completed I-9 Form with copies of ID's (2 pages - signed page 1)
- ☐ Statement of Applicant for Employment Involving Work with Children form
- ☐ Request For A Background Check For Child Care (for positions working in a LICENSED child care program)
- ☐ Nondisclosure Agreement (Social Services Personnel Only)
- ☐ Ohio Unemployment Compensation Exclusion form
- ☐ The Salvation Army National Code of Conduct for Use of Social Media and
Other Electronic Communication with Minors
- ☐ KeepSAfe Code of Conduct
- ☐ Direct Deposit Form
- ☐ Consumer Report Authorization Form
- ☐ Emergency Contact Form

Other Items/documentation Included in Packet:

Make Sure All Documents are signed properly. Make sure you haven't used white-out, or scratched off anything. Documents must be neatly completed and legible to be properly processed.

Background check must be finished ASAP at your cost. *Please turn in receipt for reimbursement after 90 days.*

Failure to do so will result in delay of hiring and start date.

Comments:

I have reviewed the attached paperwork and found it to be properly completed and fully inclusive.

Unit Leader's Name

Date

Unit Leader's Signature

Human Resources Initial & Date



The Salvation Army Eastern Territory Application for Employment

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

The Salvation Army has been established to provide humanitarian services consistent with the values and goals of the Christian faith. In this context, employment decisions made by The Salvation Army will be in accordance with the applicable federal, state and local law, with the understanding that The Salvation Army does not waive or otherwise relinquish any rights in the free exercise of religion guaranteed by the Constitution of the United States.

Applicant Information

Full Name: Date:
Last, First Middle

Address:
Street Address / Apartment/Unit#

City, State ZIP Code

Phone: Email:

If employed and you are under 18,
can you furnish a work permit? ☐ Yes ☐ No

All offers of employment are conditioned upon verification
By the applicant of authority to work in the United States.
Such verification will be required only after an offer of
employment is made.

Position Applied for:

Referral Source: ☐ Advertisement ☐ Employment Agency ☐ Walk-in
☐ Friend/Relative Specify:

On what date would you be available to work?

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary Schedule:

Education

High School: Location:

From: To: Did you graduate? ☐ Yes ☐ No Major Course or Special Interest:

College: Location:

Did you graduate? ☐ Yes ☐ No Major Course or Special Interest:
From: To: Degree:

Other: Location:

Did you graduate? ☐ Yes ☐ No Major Course or Special Interest:
From: To: Degree:

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from education, employment, or other experience:

Have you previously worked for The Salvation Army? ☐ Yes ☐ No *If yes, please provide information below.*

Salvation Army Location

Dates Worked

Job Title

Previous Employment

Company: Phone:
Address, CSZ: Supervisor:
Job Title:
Responsibilities:
From: To: Reason for Leaving:
If still employed, may we contact? ☐ Yes ☐ No

Company: Phone:
Address, CSZ: Supervisor:
Job Title:
Responsibilities:
From: To: Reason for Leaving:
If still employed, may we contact? ☐ Yes ☐ No

Company: Phone:
Address, CSZ: Supervisor:
Job Title:
Responsibilities:
From: To: Reason for Leaving:
If still employed, may we contact? ☐ Yes ☐ No

References

Please list three professional references (NO RELATIVES).

Full Name: Relationship:
Company: Phone:
Address, CSZ: Length of Acquaintance:

Full Name: Relationship:
Company: Phone:
Address, CSZ: Length of Acquaintance:

Full Name: Relationship:
Company: Phone:
Address, CSZ: Length of Acquaintance:

Acknowledgement

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release The Salvation Army and my former employers from any liability that may result from disclosing information relating to me in the course of any such investigation. I understand this application does not necessarily mean I will be accepted for employment; that in the event of employment, false or misleading information given in my application or interview(s) may result in discharge; also, that I am required to abide by the personnel policies and practices as outlined in the Employee Manual of The Salvation Army Eastern Territory and the Employee Manual Addendum.

I understand that The Salvation Army Eastern Territory is an at-will employer.

Signature/Name:

Date:

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.		
	Do only one of the following.		
	(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or		
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or		
	(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate <input type="checkbox"/>		

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a) \$		
	(b) Multiply the number of other dependents by \$500	3(b) \$		
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here		3	\$
Step 4: Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a)	\$
	(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here		4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . <input type="checkbox"/>		
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address		Employer identification number (EIN)
	First date of employment		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b) – Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____
13	Add lines 11 and 12. Enter the result here	13 \$ _____
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

Section I: Personal Information

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

Section II: Claiming Withholding Exemptions

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1"
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1"
3. Number of dependents
4. Total withholding exemptions (sum of line 1, 2, and 3)
5. Additional Ohio income tax withholding per pay period (optional)\$

Section III: Withholding Waiver

I am not subject to Ohio or school district income tax withholding because (check all that apply):

- ☐ I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- ☐ I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- ☐ I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- ☐ I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- ☐ I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

Section IV: Signature (required)

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature

Date

IT 4 Instructions

Most individuals are subject to Ohio income tax on their wages, salaries, or other compensation. To ensure this tax is paid, employers maintaining an office or transacting business in Ohio must withhold Ohio income tax, and school district income tax if applicable, from each individual who is an employee.

Such employees who are subject to Ohio income tax (and school district income tax, if applicable) should complete sections I, II, and IV of the IT 4 to have their employer withhold the appropriate Ohio taxes from their compensation. If the employee does not complete the IT 4 and return it to his/her employer, the employer:

- Will withhold Ohio tax based on the employee claiming **zero exemptions**, and
- **Will not** withhold school district income tax, even if the employee lives in a taxing school district.

An individual may be subject to an interest penalty for underpayment of estimated taxes (on form IT/SD 2210) based on under-withholding.

Certain employees may be **exempt** from Ohio withholding because their income is not subject to Ohio tax. Such employees should complete sections I, III, and IV of the IT 4 **only**.

The IT 4 does **not** need to be filed with the Department of Taxation. Your employer must maintain a copy as part of its records.

R.C. 5747.06(A) and Ohio Adm.Code 5703-7-10.

Section I

Enter the four-digit school district number of your primary address. If you do not know your school district of residence or its school district number, use *The Finder* at tax.ohio.gov. You can also verify your school district by contacting your county auditor or county board of elections.

If you move during the tax year, complete an updated IT 4 immediately reflecting your new address and/ or school district of residence.

Section II

Line 1: If you can be claimed on someone else's Ohio income tax return as a dependent, then you are to enter "0" on this line. Everyone else may enter "1".

Line 2: If you are single, enter "0" on this line. If you are married and you and your spouse file separate Ohio Income tax returns as "Married filing Separately" then enter "0" on this line.

Line 3: You are allowed one exemption for each dependent. Your dependents for Ohio income tax purposes are the same as your dependents for federal income tax purposes. See R.C. 5747.01(O).

Line 5: If you expect to owe more Ohio income tax than the amount withheld from your compensation, you can request that your employer withhold an additional amount of Ohio income tax. This amount should be reported in whole dollars.

Note: If you do not request additional withholding from your compensation, you may need to make estimated income tax payments using form IT 1040ES or estimated school district income tax payments using the SD 100ES. Individuals who commonly owe more in Ohio income taxes than what is withheld from their compensation include:

- Spouses who file a joint Ohio income tax return and both report income, and
- Individuals who have multiple jobs, all of which are subject to Ohio withholding.

Section III

This section is for individuals whose income is deductible or excludable from Ohio income tax, and thus employer withholding is not required. Such employee should check the appropriate box to indicate which exemption applies to him/her. Checking the box will cause your employer to not withhold Ohio income tax and/or school district income tax. The exemptions include:

- **Reciprocity Exemption:** If you are a resident of Indiana, Kentucky, Pennsylvania, Michigan or West Virginia and you work in Ohio, you do not owe Ohio income tax on your compensation. Instead, you should have your employer withhold income tax for your resident state. R.C. 5747.05(A)(2).
- **Resident Military Servicemember Exemption:** If you are an Ohio resident and a member of the United States Army, Air Force, Navy, Marine Corps, or Coast Guard (or the reserve components of these branches of the military) or a member of the National Guard, you do not owe Ohio income tax or school district income tax on your active duty military pay and allowances received while stationed outside of Ohio.

This exemption does not apply to compensation for nonactive duty status or received while you are stationed in Ohio.

R.C. 5747.01(A)(21).

- **Nonresident Military Servicemember Exemption:** If you are a nonresident of Ohio and a member of the uniformed services (as defined in 10 U.S.C. §101), you do not owe Ohio income tax or school district income tax on your military pay and allowances.
- **Nonresident Civilian Spouse of a Military Servicemember Exemption:** If you are the civilian spouse of a military servicemember, your pay may be exempt from Ohio income tax and school district income tax if all of the following are true:
 - Your spouse is a nonresident of Ohio;
 - You and your spouse are residents of the same state;
 - Your spouse is stationed in Ohio on military orders; and
 - You are present in Ohio solely to be with your spouse.

You **must** provide a copy of the employee's spousal military identification card issued to the employee by the Department of Defense when completing the IT 4.

Note: For more information on taxation of military servicemembers and their civilian spouses, see 50a U.S.C. §571.

- **Statutory Withholding Exemptions:** Compensation earned in any of the following circumstances is not subject to Ohio income tax or school district income tax withholding:
 - Agricultural labor (as defined in 26 U.S.C. §3121(g));
 - Domestic service in a private home, local college club, or local chapter of a college fraternity or sorority;
 - Services performed by an employee who is regularly employed by an employer to perform such service if she or he earns less than \$300 during a calendar quarter;

- Newspaper or shopping news delivery or distribution directly to a consumer, performed by an individual under the age of 18;
- Services performed for a foreign government or an international organization; and
- Services performed outside the employer's trade or business if paid in any medium other than cash.

*These exemptions are not common.

Note: While the employer is not required to withhold on these amounts, the income is still subject to Ohio income tax and school district income tax (if applicable). As such, you may need to make estimated income tax payments using form IT 1040ES and/or estimated school district income tax payments using form SD 100ES.

See R.C. 5747.06(A)(1) through (6).



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. I615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	
				OR	Foreign Passport Number and Country of Issuance	
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

CONFIDENTIAL

**THE SALVATION ARMY
STATEMENT OF APPLICANT FOR EMPLOYMENT INVOLVING WORK WITH CHILDREN ***

This statement will be completed by all applicants for employment for any position involving the supervision or custody of children (under 18 years of age) or for any position in which the applicant is in any way involved with children. The completion of the statement will help to assure The Salvation Army that it will provide a safe and secure environment to those children who participate in its programs and who use its facilities.

Personal Information

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

Home Phone (_____) _____

Social Security No. _____

Education or training for work with children (List formal education courses and on the job training participated in, identifying the institution). _____

Personal References (not relatives)

Name _____ Name _____

Address _____ Address _____

Telephone # _____ Telephone # _____

All prior work with children (List the church or other organization conducting the program, the name of the immediate supervisor and, if known, the name, address and telephone number of any individual now involved in the program.)

* For purposes of this Statement, the words "child" and "children" mean individuals below the age of 18 years.

Statement

As the applicant described above, I do hereby represent to The Salvation Army, with the understanding that The Salvation Army will rely upon the information provided in considering my application for work with children, that the foregoing information and following statements are true:

1. In my prior volunteer work or employment, I have never used a name other than that set forth above. List maiden name if applicable:
2. I understand the essential duties of my position in connection with the working with children in the programs of The Salvation Army. I am able to perform those essential job duties with no accommodation except as follows: _____
3. I have never been accused of abuse of a child or of actual or attempted sexual molestation of a child, either in a program for children or otherwise.
If the foregoing statement is not true, please describe the circumstances of the accusation and the outcome: _____
4. I have never been arrested as a result of a charge of child abuse or of actual or attempted sexual molestation of a child.
5. I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child.
6. I authorize any of the churches or other organizations and their representatives, and my personal references listed above to give to The Salvation Army any information they may have regarding my character and fitness for work with children. I release all such organizations and individuals from any liability that may result from their furnishing such information to The Salvation Army. I waive any right that I may have to inspect any records containing such information.
7. I acknowledge that The Salvation Army is a branch of the Christian Church and, in the event that my application is accepted, I agree that I will conduct myself in my work with children in a way that is consistent with the religious and charitable policies and principles of The Salvation Army.
8. Having provided the foregoing information and having affirmed the foregoing statements are true, I recognize that any false information or statements are punishable under applicable laws.

Applicant

Date _____

Signature of Witness

Name _____

Please Print

Address _____

City _____

State _____

Zip _____

(The remaining sections are to be completed by the Local Unit Supervising Officer, the Divisional Volunteer Coordinator/Human Resources Secretary, and the Command Head)

1. All references identified above have been contacted and

- ☐ There were no reports of misconduct involving children; or
- ☐ Misconduct involving children was reported – individual is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry

Signature of the Local Unit Supervising Officer

Date

2. Applicant's name has been checked in the Territorial Registry and

- ☐ The individual's name did not appear in the Territorial Registry; or
- ☐ The individual's name appeared in the Territorial Registry – applicant is not approved for work with children.

Signature of the Divisional Volunteer Coordinator/ Human Resources Secretary

Date

3. Applicant's name has been checked in available State databases and

- ☐ There were no reports of misconduct involving children; or
- ☐ Misconduct involving children was reported – applicant is not approved for work with children and name has been reported to the Secretary for Personnel for inclusion in the Territorial Registry.

Signature of the Divisional Volunteer Coordinator/Human Resources Secretary

Date

4. * Prior accusations of abuse have been investigated and

- ☐ There was no reasonable suspicion of abuse; or
- ☐ There was reasonable suspicion of abuse – individual is not approved for work with children and name has been reported to headquarters for inclusion in the Territorial Registry.

Signature of the Command Head

Date

* To be completed only if applicant reports an accusation in response to item # 3 of Statement.



Department of
Job and Family Services

Mike DeWine, Governor
Matt Damschroder, Director

Office of Family
Assistance

Instructions for Processing Background Checks for Child Care

Direct Copy Instructions for: WebCheck® Agencies

1. Obtain and ENTER all personal information.
2. For the BCI Reason Fingerprinted, **CHOOSE** 5104.013 *"An Employee, Owner, Licensee, Administrator or Person Residing in a Type A or Type B Home, or an In-Home Aide."* This code is used for ODJFS regulated child care centers, type A homes, type B homes, in-home aides, registered day camps, approved day camps and ODE PFCC programs.
3. For the FBI Reason Fingerprinted, **CHOOSE** CCDBGA *"Child Care and Development Block Grant Act of 2014 employee, for ODJFS use only."* This code is used for ODJFS regulated child care centers, type A homes, type B homes, in-home aides, approved day camps, and ODE PFCC programs. Day Camps that are only registered and not planning on becoming ODJFS approved will use reason code 5104.013.
4. In the Direct Copy drop down list, **CHOOSE** *"Child Care Ctr/Type A-ODJFS"* (this is for all program types). Registered day camps should **also** select *"Mail Copy"* in the Direct Copy drop down as registered day camps are required to have a copy of the results onsite.
5. Conduct the electronic fingerprinting.

Instructions for: All owners, administrators, employees, child care staff members and residents of all child care programs including ODJFS regulated child care centers, type A homes, type B homes, in-home aides, registered day camps, approved day camps and ODE PFCC programs.

BCI and FBI criminal background records checks are sent electronically to the Ohio Department of Job and Family Services (ODJFS) Office of Family Assistance for all program types except registered day camps. Registered day camp results should be sent to the program administrator. Please follow these instructions to ensure accurate and timely processing of the records requests. **Be sure to use the correct reason for being fingerprinted, using an incorrect code will require reprinting and an additional fee. Do NOT select the Head Start code (even if you work for a Head Start program) and do NOT select the Ohio Department of Education (ODE) code (even if you work for an ODE program).**

1. Go to the WebCheck® agency to obtain a BCI and FBI criminal background records check. Information for WebCheck® locations may be found at:
<http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing>



Department of
Job and Family Services

Mike DeWine, Governor
Matt Damschroder, Director

Office of Family
Assistance

Instructions for Processing Background Checks for Child Care

2. **For all program types except registered day camps:** When speaking with the WebCheck® agent, inform them you are a child care provider, employee or resident. *For BCI, use code 5104.013 "An Employee, Owner, Licensee, Administrator or Person Residing in a Type A or Type B Home, or an In-Home Aide."* *For FBI, use CCDBGA "Child Care and Development Block Grant Act of 2014 employee, for ODJFS use only."* Request the WebCheck® agent to choose "Child Care Ctr/Type A-ODJFS" (this is for all program types) from his or her Direct Copy list. The electronic results will be provided directly to ODJFS.
3. **For registered day camps:** When speaking with the WebCheck® agent, inform them you are a child care provider, employee or resident. *For BCI and FBI, use code 5104.013 "An Employee, Owner, Licensee, Administrator or Person Residing in a Type A or Type B Home, or an In-Home Aide."* Request the WebCheck® agent to choose "Child Care Ctr/Type A-ODJFS" and "Mail Copy" from his or her Direct Copy list. The electronic results will be provided directly to ODJFS and the registered day camp administrator.
4. Complete the fingerprint process as directed by the WebCheck® agent.
5. **For all program types except registered day camps:** You must also complete the Request for a Background Check for Child Care. This request must be submitted electronically to ODJFS through the Ohio Professional Registry (OPR). Further instructions and OPR User Guides can be found here: <https://ocerra.org/our-resources-page/>.

FINGERPRINTING & BACKGROUND CHECKS

Ashland County Sheriff's Office

By Appointment Only

AshlandCountySheriff.org or **419-289-3911**

Fingerprints for all background checks are now done electronically.

Fees for background checks *BCI/FBI (\$62.00)

(Fee will be reimbursed with receipt after 90-day probationary employment period)

Cash, Money orders, credit cards accepted (no checks)

Code: 5104.013

Send to:

The Salvation Army

PO Box 497

Ashland, OH 44805

***Please do this ASAP in order to keep from a delay in start date!**



OFFICE OF THE SHERIFF, ASHLAND COUNTY, OHIO
1205 E. Main Street, Ashland, Ohio 44805

**REQUEST FOR A BACKGROUND CHECK
VIA ELECTRONIC FINGERPRINTING**

☐ BCI

☐ FBI

☐ BCI and FBI

☐ Bill ☐ Paid in Full

Personal Information (please print)

Name _____ Date of birth _____
Address _____ Phone _____
City _____ State _____ Zip code _____
Social Security # _____

Reason for background check (*be specific*):

Address for results to be mailed to:

527 East Liberty Street, Ashland, OH 44805

Bill to: _____

Direct Copy Options* (check only one)

- | | | |
|---|---|---|
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> Occupational Therapy, Physical Therapy and Athletic Trainers Board | <input type="checkbox"/> Ohio Medical Board |
| <input type="checkbox"/> BMV Deputy Registrar | <input type="checkbox"/> Ohio Board of Nursing | <input type="checkbox"/> Ohio Dept. of Public Safety/PISG |
| <input type="checkbox"/> Child Care Center-Type A-ODJFS | <input type="checkbox"/> Ohio Board of Pharmacy | <input type="checkbox"/> Ohio Racing Commission |
| <input type="checkbox"/> Construction Board | <input type="checkbox"/> Ohio Dept. of Education | <input type="checkbox"/> Ohio Veterinary Medical Licensing Board |
| <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> Ohio Dept. of Insurance | <input type="checkbox"/> Social Worker Board |
| <input type="checkbox"/> OPOTA | <input type="checkbox"/> Ohio Dept. of Liquor Control | <input type="checkbox"/> State Speech and Hearing Professionals Board |
| <input type="checkbox"/> None | | <input type="checkbox"/> State Vision Professionals Board |

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation (BCI&I) to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the agency checked above*.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees and the Ashland County Sheriff's Office and their employees from all claims and liability related to this authorized criminal record review and dissemination

Applicant's name (print)

Applicant's signature

Date

By signing this form, the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

To be completed by the Ashland County Sheriff's Office:

Date background check completed: _____ by _____

Ohio Unemployment Compensation Exclusion

In accordance with Ohio Unemployment Compensation Law, employment with church-based or religious organizations in Ohio is exempt from unemployment coverage.

I, the undersigned, am aware of this exemption and understand that my employment with The Salvation Army, is excluded from unemployment compensation.

Employee

Date

Witness

Date

The Salvation Army National Code of Conduct for Use of Social Media and Other Electronic Communication with Minors

Salvation Army officers, cadets, employees, and volunteers (together, "Salvation Army Personnel") will conduct themselves in a manner that is consistent with this Code of Conduct and the discipline and teachings of The Salvation Army within the course of all their electronic communications including The Salvation Army Guidelines for Use of Social Media and other Electronic Communication with Minors ("the Guidelines"), the National Minute entitled "Internet Blogging/Podcasts and Web Communities," and the "National Policy on Sexual Abuse of Children."

For purposes of this Code of Conduct, a "minor" is a person under 18 years of age. Salvation Army Personnel will conduct all electronic communication with minors in an open manner that maximizes the accountability of the participants and allows others access. It is the responsibility of Salvation Army Personnel to build transparency and accountability into all of their interactions with minors. Salvation Army Personnel will inform minors that electronic communications may be monitored by authorized Salvation Army Personnel.

Salvation Army Personnel will not engage in any electronic communications that are unlawful, offensive, discriminatory, or intended to frighten, intimidate, disrupt, abuse, harass or bully another person. Offensive or discriminatory messages include any words or images that explicitly or implicitly contain sexual implications, racial slurs, or negative comments regarding age, gender, sexual orientation, religious or political beliefs, national origin or disability.

Salvation Army Personnel will not knowingly transmit, solicit or receive and retain sexually explicit material, including any sexually explicit pictures or words.

Salvation Army Personnel will report to their supervisor any inappropriate electronic communications or breach of this Code of Conduct or the Guidelines by Salvation Army Personnel or program participants.

They must also report to appropriate government authorities as required by law, Salvation Army policy, or if The Salvation Army otherwise determines it is in the best interest of the program participant, the public or The Salvation Army to do so.

Salvation Army Personnel understand that The Salvation Army will not tolerate abuse and agree to comply with this Code of Conduct. Failure to comply with the Code of Conduct will be grounds for discipline up to and including termination. Salvation Army Personnel will read and sign the following acknowledgment.

Acknowledgment

I acknowledge that I have received copies of the Code of Conduct and the Guidelines adopted by The Salvation Army. I have read and understand the Code of Conduct and Guidelines and agree to comply with these standards and conduct myself in complete accordance with them, as they may be amended by The Salvation Army from time to time.

Signature: _____

Date: _____

Print Name: _____

Position: _____

Corps: Ashland Kroc NEOSA



DOING THE MOST GOOD.

The Salvation Army - USA Eastern Territory

KeepSAfe Code of Conduct

All Salvation Army officers, employees and volunteers are expected to adhere to the following KeepSAfe guidelines with regard to child & vulnerable adult protection:

- Salvation Army personnel will work to prevent abuse and neglect among children or vulnerable adults.
- Salvation Army personnel will not physically, sexually, verbally or emotionally abuse or neglect children or vulnerable adults.
- Salvation Army personnel will immediately report concerns about inappropriate behaviors or policy violations to their supervisor.
- Salvation Army personnel will comply with Mandated Reporter laws and report any suspected abuse or neglect of a child or vulnerable adult to the appropriate government authorities.
- Salvation Army personnel will comply with all KeepSAfe policies and training requirements concerning child and vulnerable adult protection.
- Salvation Army personnel, as reasonably possible, will avoid one-on-one interactions with minors or vulnerable adults where they cannot be seen and/or heard by others.
- Salvation Army personnel will conduct all electronic and other communications with children and vulnerable adults in an open manner that maximizes their accountability.
- Salvation Army personnel will not retaliate against others who, in good faith, share concerns or policy violations; report observed or disclosed abuse or suspicion of abuse.

Acknowledgment

I understand The Salvation Army USA Eastern Territory's KeepSAfe Child & Vulnerable Adult Protection Policies and voluntarily agree to abide by these policies and conduct myself in compliance with them.

Date:

Unit & Division:

Name (Please Print):

Position:

Signature:



DIRECT DEPOSIT PAYROLL AUTHORIZATION

WE STRONGLY SUGGEST THAT WHEN SETTING UP A DIRECT DEPOSIT, YOU OBTAIN THE TRANSIT ABA NUMBER (ROUTING), ACCOUNT NUMBER FROM YOUR BANK AND SPECIFY IF THIS ACCOUNT IS A CHECKING OR SAVINGS ACCOUNT. DISCUSSION WITH YOUR FINANCIAL INSTITUTION IS VERY IMPORTANT. ** IF YOU HAVE MORE THAN ONE ACCOUNT ON DIRECT DEPOSIT; ONE ACCOUNT MUST HAVE A CERTAIN DOLLAR AMOUNT LISTED; WITH THE BALANCE OF PAY GOING TO THE OTHER ACCOUNT(S).*

EMPLOYEE NAME:

WORK LOCATION:

BANK NAME:

BRANCH:

ABA TRANSIT (ROUTING) NUMBER:

ACCOUNT NUMBER:

AMOUNT:

☐ CHECKING ☐ SAVINGS (CHECK ONE ONLY)

BANK NAME:

BRANCH:

ABA TRANSIT (ROUTING) NUMBER:

ACCOUNT NUMBER:

AMOUNT:

☐ CHECKING ☐ SAVINGS (CHECK ONE ONLY)

BANK NAME:

BRANCH:

ABA TRANSIT (ROUTING) NUMBER:

ACCOUNT NUMBER:

AMOUNT:

☐ CHECKING ☐ SAVINGS (CHECK ONE ONLY)

I HEREBY AUTHORIZE THE SALVATION ARMY TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENT FOR ANY CREDIT ENTRIES IN ERROR TO MY ACCOUNT INDICATED ABOVE WITH THE BANK NAMED ABOVE TO CREDIT THE SAME TO SUCH ACCOUNTS.

(SIGNATURE)

(DATE)

FOR DHQ USE ONLY

FILE #

DATE ENTERED:



The Salvation Army
USA Eastern Territory

CONSUMER REPORT APPLICANT AUTHORIZATION FORM

Please **PROVIDE 10 YEARS OF RESIDENTIAL HISTORY, ATTACHING ADDITIONAL PAGES IF NECESSARY.**

Name: Alias/Other:

Date of Birth: Social Security Number:
(First, Middle, Last-Print Clearly)

(1) Current Address:
City/State/Zip:
County: Dates/From: To:

(2) Previous Address:
City/State/Zip:
County: Dates/From: To:

(3) Previous Address:
City/State/Zip:
County: Dates/From: To:

(4) Previous Address:
City/State/Zip:
County: Dates/From: To:

(5) Previous Address:
City/State/Zip:
County: Dates/From: To:

I hereby authorize **THE SALVATION ARMY** or authorized representatives of the company bearing this authorization to obtain and release any information pertaining to my background, including to conduct any of the searches noted below, for employment purposes. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment period.

Applicant Signature: Date:

List of standard background searches:
COUNTY CRIMINAL RECORD SEARCH(ES) and/or STATEWIDE CRIMINAL RECORD SEARCH(ES)
SEXUAL OFFENDER REGISTRY(IES)
SOCIAL SECURITY NUMBER TRACE
NATIONAL CRIMINAL RECORD FILE/USCOR

CREDIT REPORT (only when required for specific position)



Employee Contact Information

Name:

Address:

Cell Number:

Personal Email:

Emergency Contact:

Relationship:

Phone Number:

Email:

Physical Address:

Confidentiality Agreement

I pledge that I will not discuss or reveal to anyone other information about clients or staff that I obtain through my work at The Salvation Army. I will discuss any questions I have with the appropriate supervisor. If I violate this agreement, it may result in dismissal.

Signature _____ Date _____



DOING THE MOST GOOD

The Salvation Army – USA Eastern Territory

keepSAfe

CHILDREN AND VULNERABLE ADULTS

MINUTE #11: KeepSAfe Policies for Child & Vulnerable Adult Protection



KeepSAfe: Policies for Child & Vulnerable Adult Protection

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Safeguarding Our People, Programs & Mission

*The Salvation Army USA Eastern Territory **KeepSAfe Policies for Child & Vulnerable Adult Protection** provides a framework of best practices within our programs. Individuals with a tendency to offend often violate protection systems as they interact with our children and vulnerable adults. Leaders, employees and volunteers need to be aware of abuse and policy violations so they can act and respond accordingly. Ending behaviors before they become abuse or an allegation of abuse is the goal of KeepSAfe. Awareness without action is only a thought... thoughts do not protect the vulnerable.*



DOING THE MOST GOOD

The Salvation Army – USA Eastern Territory
KeepSAfe: Policies for Child & Vulnerable Adult Protection

SECTION 1: *KeepSAfe Principles*

1:1 Policy Statement	The Salvation Army is committed to protecting minors and vulnerable adults in its care, in all of its many programs. Salvation Army personnel are required to take all reasonable steps to avoid the abuse of minors and vulnerable adults and to institute reasonable preventive measures to protect the vulnerable populations in their care.
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Ministry to vulnerable populations is a sacred responsibility and all Salvation Army personnel share in the responsibility to safeguard people, programs and the mission in a manner that is reasonable under the circumstances that services are being delivered.

This policy is intended to be consistent with and supplement all applicable National Salvation Army policies, including The Salvation Army National Policy Statement on Child Abuse, The Salvation Army National Policy Statement on Non-Discrimination in Programs and Delivery of Services and The Salvation Army Social Services Code of Ethics.

1:2 KeepSAfe Code of Conduct (Appendix A)	<p>All Salvation Army officers, employees and volunteers are expected to adhere to the following KeepSAfe guidelines with regard to child & vulnerable adult protection:</p> <ul style="list-style-type: none">• Salvation Army personnel will diligently work to prevent abuse and neglect among children or vulnerable adults.• Salvation Army personnel will not physically, verbally, sexually, or emotionally abuse or neglect children or vulnerable adults.• Salvation Army personnel will immediately report concerns about inappropriate behaviors or policy violations to their supervisor.• Salvation Army personnel will comply with Mandated Reporter laws and report any suspected abuse or neglect of a child or vulnerable adult to the appropriate government authorities.• Salvation Army personnel will comply with all KeepSAfe policies and training requirements concerning child and vulnerable adult protection.
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**1:2
 KeepSAfe
 Code of
 Conduct
 (continued)**

- Salvation Army personnel, as reasonably possible, will avoid one-on-one interactions with minors and vulnerable adults in Salvation Army programs where they cannot be seen and/or heard by others.
- Salvation Army personnel will conduct all electronic and other communications with minors and vulnerable adults in an open manner that maximizes their accountability.
- Salvation Army personnel will not retaliate against others who, in good faith, share concerns or policy violations; report observed or disclosed abuse or suspicion of abuse.

SECTION 2: General Definitions

2:1 Salvation Army Personnel	Salvation Army workers, including Officers, Employees and Volunteers (including Lay Leaders/Local Officers and Soldiers where applicable); Cadets in The Salvation Army College for Officer Training.
2:2 Minor	Youth under the age of 18
2:3 Vulnerable Adult	Any person 18 years of age or older who cannot completely care for themselves or are vulnerable to exploitation due to: <ul style="list-style-type: none"> • A physical or mental condition • Advanced age • Drug or substance abuse, homelessness or economic challenge, sexual exploitation or other social challenges • Any other reason
2:4 Mandated Reporter	<p>Anyone with knowledge or a reasonable suspicion of abuse who must report under applicable law. In addition to compliance with applicable mandated reporting laws, internal reports are required as described in Section 8 below.</p> <p>Salvation Army Officers, program directors, licensed professionals and supervisors are generally Mandated Reporters with respect to abuse that occurs in Salvation Army programs.</p>

SECTION 3: *Types of Abuse*

3:1 Minors	3:1.1 Physical Abuse Non-accidental injury, which is intentionally inflicted upon a minor.
	3:1.2 Sexual Abuse Any contact of a sexual nature that occurs between a minor and an adult. This includes activity that is meant to arouse or gratify the sexual desires of the adult or a third person.
	3:1.3 Emotional Abuse Mental, verbal or emotional injury to a minor that results in an observable and material impairment in the minor's growth, development or psychological functioning.
	3:1.4 Neglect The failure to provide for the minor's basic needs or the failure to protect the minor from harm.
	3:1.5 Economic Exploitation The deliberate misplacement, exploitation, or wrongful temporary or permanent use of a minor's belongings or money without consent of the parent or legal guardian.
	3:1.6 Peer-On-Peer Abuse Sexual and/or bullying interactions between minors. Includes physical abuse, verbal, indirect (gossip, exclusion, rumors), hazing, cyber-bullying.
3:2 Vulnerable Adults	3:2.1 Physical Abuse Non-accidental injury, which is intentionally inflicted upon a vulnerable adult.
	3:2.2 Sexual Abuse Non-consensual contact of a sexual nature. This also includes any activity that is meant to arouse or gratify the sexual desires of the person initiating this contact or a third person.
	3:2.3 Psychological Abuse Creation of emotional pain, distress or anguish through the use of threats, intimidation or humiliation.
	3:2.4 Neglect/Self-Neglect Failure by care individuals to support the physical, emotional and social needs of vulnerable adults. Neglect can take the form of withholding food, medication and access to health care professionals.

3:2.5 Isolation

Unreasonable limitation of access to other persons.

3:2.6 Economic Exploitation

Misuse, mishandling or exploitation of property, possessions or assets of vulnerable adults. Includes use of assets without consent, under false pretense, or through coercion and/or manipulation.

3:2.7 Abduction

Removal of the vulnerable adult from his/her home and/or restraint from returning home against his/her will or without consent.

3:2.8 Abandonment

Desertion or willful forsaking a vulnerable adult by anyone who has care or custody of the vulnerable adult.

SECTION 4: Screening & Selection of Personnel

4:1 Contextual Overview	Proper screening and selection of personnel is the first line of defense in preventing abuse. The screening process is a key component in assessing the applicant's suitability for the position and risk level in working with and around children or vulnerable adults.
4:2 Employees	All programs must adhere to screening and selection criteria required by any applicable State or local law. In addition, the following steps must be completed in order for an applicant to work as an employee in a position where there is a reasonable likelihood of contact with minors or vulnerable adults in a Salvation Army program. <ul style="list-style-type: none"> <li data-bbox="558 779 1182 833">a. Completed Standard Application: <i>Includes necessary release forms to conduct background checks.</i> <li data-bbox="558 863 1317 1024">b. Statement of Applicant for Employment Involving Work With Minors <i>Completed and signed by applicants for a position where there is a reasonable likelihood of contact with minors. Page 3 of the Statement of Applicant to be completed by appropriate personnel/Command to verify that the screening described in d., e., f. and g. below has taken place.</i> <li data-bbox="558 1054 1357 1186">c. Face-to-Face Interview: <i>Standard interview questions include specific questions that screen for abuse. Interview questions and responses are documented and kept in confidential files. At least two people are involved in the panel interview process. Video conferencing or other technologies may be used as needed.</i> <li data-bbox="558 1215 1333 1404">d. Reference Checks: <i>At least three references are checked by the local unit prior to an offer of employment. Reference questions and responses are documented and kept in confidential files. In the case of applicants for positions where there is a reasonable likelihood of contact with minors, parts 1 and 4 on page 3 of the Statement of Applicant for Employment Involving Work with Minors is completed by the immediate Supervising Officer to confirm this screening has taken place.</i> <li data-bbox="558 1434 1357 1566">e. Territorial Registry: <i>Clearance in writing and in confidential file with background check. The responsible Officer at the Command level completes part 2 on page 3 of the Statement of Applicant for Employment Involving Work with Minors to confirm this check has taken place.</i> <li data-bbox="558 1596 1357 1778">f. Criminal Background Check: <i>Background check should include any States in which the applicant has resided during the last 10 years. In the case of applicants for positions where there is a reasonable likelihood of contact with minors, the Command conducts this check and the responsible Officer at the Command completes part 3 on page 3 of the Statement of Applicant for Employment Involving Work with Minors to confirm this check has taken place.</i>

① Applies only to applicants who will have contact with minors.

① State registries must be checked in the event the criminal background check does not include state registry checks.

g. State Registries:

Searches will be conducted through state social service or public welfare department abuse and sexual offender registries in the States where the applicant has resided during the last 10 years to the extent possible. In the case of applicants for positions where there is a reasonable likelihood of contact with minors, the Command conducts this check and the responsible Officer at the Command completes part 3 on page 3 of the Statement of Applicant for Employment Involving Work with Minors to confirm that this check has taken place.

h. KeepSAfe Code of Conduct:

Signed in connection with completion of the KeepSAfe Core Training. Must be completed within 30 days of employment.

① Applies only to applicants working with minors.

i. The Salvation Army National Code of Conduct for Electronic Communication with Minors (Appendix B)

Signed in connection with review of The Salvation Army National Code of Conduct for Electronic Communication with Minors. Must be completed within 30 days of employment.

**4:3
Volunteers,
including
Local
Officers**

Volunteers who will work in a position where there is a reasonable likelihood of contact with minors or vulnerable adults need to be screened in the same manner as employees. As with employees, the screening process is a key component in assessing the volunteer's suitability for the position and risk level in working with or around children or vulnerable adults.

① Applies only to volunteer applicants working with minors.

a. Completed Standard Volunteer Application:

Includes necessary release forms to conduct background checks.

b. Statement of Volunteer for Work With Minors

Completed and signed by volunteer applicants for a position where there is a reasonable likelihood of contact with minors. Page 3 of the Statement of Volunteer to be completed by appropriate personnel/Command to verify that the screening described in d., e., f. and g. below has taken place.

c. Face-to-Face Interview:

Standard interview questions include specific questions that screen for abuse. Interview questions and responses are documented and kept in confidential volunteer files. At least two people are involved in the panel interview process. Video conferencing or other technologies may be used as needed.

d. Reference Checks:

At least three references are checked by the local unit prior to volunteer activity. Reference questions and responses are documented and kept in confidential volunteer files. In the case of applicants for positions where there is a reasonable likelihood of contact with minors, parts 1 and 4 on page 3 of the Statement of Volunteer for Work with Minors is completed by the immediate Supervising Officer to confirm that this check has taken place.

e. Territorial Registry:

Clearance in writing and in confidential file with background check. The responsible Officer at the applicable Command completes part 2 on page 3 of the Statement of Volunteer for Work With Minors to confirm that this check has taken place.

f. Criminal Background Check:

Background check should include any States in which the volunteer has resided during the last 10 years. In the case of an applicant for a position where there is a reasonable likelihood of contact with minors, the Command conducts this check and the responsible Officer at the Command completes part 3 on page 3 of the Statement of Volunteer for Work with Minors to confirm that this check has taken place.

① State registries must be checked in the event the criminal background check does not include state registry checks.

g. State Registries:

Searches will be conducted through state social service or public welfare department abuse and sexual offender registries in the States where the applicant has lived for the last 10 years to the extent possible. In the case of an applicant for a position where there is a reasonable likelihood of contact with minors, the Command conducts this check and the responsible Officer at the Command completes part 3 on page 3 of the Statement of Volunteer for Work with Minors to confirm that this check has taken place.

h. KeepSAfe Code of Conduct:

Signed in connection with completion of the KeepSAfe Core Training. Must be completed within 30 days of volunteering.

① Applies only to applicants working with minors.

i. The Salvation Army National Code of Conduct for Electronic Communication with Minors (Appendix B)

Signed in connection with review of The Salvation Army National Code of Conduct for Electronic Communication with Minors. Must be completed within 30 days of volunteering.

**4:4
Selection**

Once the screening described in subsections a. through g. of Sections 4:2 and 4:3 above has taken place, a determination will be made by the Command, in the case of employees, and by the local unit, in consultation with the Command, in the case of volunteers, as to whether the applicant is suitable for work in a position where there is a reasonable likelihood of contact with minors or vulnerable adults. For those applicants who have been required to complete the Statement of Applicant for Employment Involving Work with Minors or the Statement of Volunteer for Work with Minors, reference will be made to the responses completed by Salvation Army personnel on page 3 of the Statements. If the responses indicate that the applicant is not approved for work with minors, the application will be denied and the name of the applicant must be reported to the Territorial Secretary for Personnel for inclusion in the Territorial Registry. In all cases where the application has been denied on the basis of the screening described in these policies, the applicant should only be told that his or her application has been denied without further explanation.

Ongoing background checks shall commence in compliance with applicable federal/state/local laws, in compliance with necessary accreditation or licensing standards, and Command policy.

SECTION 5: *Training Requirements*

5:1 Purpose Statement	Training provides necessary tools to increase awareness and ability to move toward action in abuse prevention. With increased awareness of the implications of abuse and abuse allegations personnel will be able to respond to incidents and concerns, thereby creating safe environments for vulnerable populations.
5:2 Training Requirements	<p data-bbox="527 630 829 657">5:2.1 KeepSAfe Policies</p> <p data-bbox="615 659 1377 808">All Salvation Army personnel in positions where there is a reasonable likelihood of access to minors and/or vulnerable adults are required to review the <i>KeepSAfe Policies for Child & Vulnerable Adult Protection</i>. This review should be done prior to working with minors or vulnerable adults.</p> <p data-bbox="527 842 906 869">5:2.2 KeepSAfe Core Training</p> <p data-bbox="615 871 1377 1087">All Salvation Army personnel in positions where there is a reasonable likelihood of access to minors and/or vulnerable adults are required to complete the <i>KeepSAfe Core Training</i> within 30 days of beginning work with access to minors or vulnerable adults. Such training will be completed for all camp personnel and all other personnel in seasonal children's programs before the commencement of the applicable program.</p> <p data-bbox="527 1121 1321 1178">5:2.3 The Salvation Army National Code of Conduct for Electronic Communication with Minors (Appendix B)</p> <p data-bbox="615 1180 1377 1270">To be reviewed and acknowledged within 30 days of beginning work with access to minors and done in conjunction with the <i>KeepSAfe Core Training</i>.</p> <p data-bbox="527 1304 959 1331">5:2.4 KeepSAfe Core Plus Training</p> <p data-bbox="615 1333 1377 1514">For personnel who serve in Kroc Centers, Camps, Senior Residence or Senior Day Health Centers: Program specific advanced <i>KeepSAfe Core Plus Training</i> within 30 days of beginning work. Such training will be completed for all camp personnel and all other personnel in seasonal children's programs before the commencement of the applicable program.</p> <p data-bbox="527 1547 1097 1575">5:2.5 KeepSAfe Screening & Selection Training</p> <p data-bbox="615 1577 1377 1667">All Salvation Army responsible for hiring employees or approving volunteer workers are required to complete the <i>KeepSAfe Screening & Selection Training</i>.</p> <p data-bbox="527 1701 894 1728">5:2.6 Training Documentation</p> <p data-bbox="615 1730 1377 1782">Documentation of all training is maintained for all Salvation Army personnel at the unit and Command.</p>

5:2.7 Additional Training Requirements

Additional abuse prevention training may be required based on need, incidents, applicable regulations or trends within respective programs.

SECTION 6: *Conduct With Minors & Vulnerable Adults*

6:1 Purpose Statement	The following KeepSAfe best practices assist Salvation Army personnel in making proper decisions about interactions with minors and vulnerable adults in Salvation Army sponsored and affiliated programs.
6:2 General Conduct	<p>6:2.1 Personnel will treat children and vulnerable adults with respect and consideration and treat all individuals equitably, regardless of age, gender, race, religion, culture, or socio-economic status in keeping with <i>The Salvation Army's National Policy Statement on Non-Discrimination in Programs and the Delivery of Services</i>.</p> <p>6:2.2 Personnel are prohibited from speaking to minors or vulnerable adults in a manner that could be construed by any observer as abusive, harsh, threatening, derogatory, or demeaning.</p> <p>6:2.3 Personnel are prohibited from initiating or participating in sexually oriented conversations with minors or vulnerable adults [except where related to legitimate program content such as family planning or similar services].</p> <p>6:2.4 Personnel are prohibited from dating or becoming romantically or sexually involved with minors or vulnerable adults served in Salvation Army programs.</p> <p>6:2.5 Personnel are prohibited from possessing, viewing or downloading sexually explicit materials on Salvation Army property or on Salvation Army equipment.</p> <p>6:2.6 Money or gifts will not be given to minors or vulnerable adults served in Salvation Army programs, unless within the context of a group gift that is given to all participants in celebration of special events or recognitions.</p> <p>6:2.7 Personnel will never be nude or inappropriately dressed in the presence of minors and vulnerable adults.</p> <p>6:2.8 Personnel are prohibited from sleeping in the same beds, sleeping bags or small tents with minors or vulnerable adults unless the personnel are immediate family members.</p>

- 6:2.9** Personnel will be open and accountable in electronic communications with minors and vulnerable adults. These communications include texting, email and social media. Unit best practices will require compliance with *The Salvation Army National Code of Conduct for Electronic Communication with Minors*. (see Appendix B)
- 6:2.10** Salvation Army personnel are prohibited from using physical punishment or restraint for behavior modification of minors or vulnerable adults. No form of physical discipline is acceptable. This prohibition includes spanking, slapping, pinching, hitting, or other physical force as correction for inappropriate behaviors.
- 6:2.11** Developing positive and friendly relationships, including appropriate supportive physical contact, between personnel and program participants is an important aspect of ministry. However, it is important that Salvation Army personnel conduct themselves in a manner that does not create the appearance of wrongdoing. Personnel will adhere to the following:
- Personnel will protect those under their supervision from inappropriate touching by other participants (peers) and/or adults.
 - Personnel will promptly report inappropriate contact and other questionable interactions/behaviors by program participants or workers to their supervisor or commanding officer.
 - Appropriate touch should be initiated by the participant and not based on the worker's emotional need.
 - Appropriate touch should only be done in the presence of other adults/workers.
 - Personnel will respect a child or vulnerable adult's preference to not be touched.

Inappropriate and unacceptable physical contact includes, but not limited to:

- Any contact that does not take place in a public place
- Any form of physical/corporal punishment
- Any form of sexual contact
- Wrestling, tickling, massaging, piggyback rides
- Touching legs, knees, bottoms, chests or genital areas
- Lengthy embraces and kisses on the mouth

- 6:2.12 To the extent reasonably possible under the circumstances, the two adult guideline should be followed, including in transportation activities. As a best practice, teams of adults should supervise all activities. This guideline helps provide appropriate levels of supervision and helps protect The Salvation Army from unfounded allegations. Advance notice should be provided to the Corps Officer, administrator or other program manager where exceptions to these guidelines become necessary
- 6:2.13 To the extent reasonably possible under the circumstances, one-to-one counseling with minors or vulnerable adults should be done in a public place where private conversations are possible but occur in full view of others. Advance notice should be provided to the Corps Officer, administrator or other program manager where exceptions to these guidelines become necessary
- 6:2.14 Informal and/or out of program contact (phone calls, emails, text, cards/letters or face-to-face contact) is discouraged without expressed permission and monitoring from appropriate guardians. Electronic communications are also governed by *The Salvation Army's Guidelines for use of Social Media and Other Electronic Communications with Minors* (Appendix B).
- 6:2.15 Salvation Army personnel may occasionally be in a position to provide transportation for program participants. When participants are transported as a part of program activities all relevant KeepSAfe guidelines apply. As feasible, following the two-adult guideline, use of mileage logs, signed permission slips and supervision plans are required.

**6:3
 Youth
 Specific
 Guidelines**

- 6:3.1 Additional precautions must be taken for high adventure activities such as ropes courses, overnight trips, hiking, swimming, etc. Leaders must plan accordingly for a higher adult ratio, appropriate licensed or certified personnel, sleeping arrangements, bathroom/shower procedures, etc.
- 6:3.2 At least two adults should supervise overnight activities. In coed overnight activities both male and female chaperones must be present. Males and females must not share the same sleeping or restroom/shower spaces.
- 6:3.3 Minors may help adults lead youth activities; however, this will be done under the direct leadership of adults. A minor may not be used to meet the two adult guideline or be left alone with the group.

6:4 Vulnerable Adult Specific Guidelines	6:4.1	Unless working within the context of an organized service program, Salvation Army personnel will not provide “favors” for vulnerable adults such as shopping, cleaning, running errands, household repairs, etc.
	6:4.2	In senior residences Salvation Army personnel may enter the living areas of a resident only for prescribed purposes of inspection or maintenance of the residence, or to respond to an emergency. All such visits to residents’ living areas will be formally logged or recorded, with the date, time and purpose of the visit.
	6:4.3	Personnel shall not seek or encourage their designation as a beneficiary of the property of a vulnerable adult being served in a Salvation Army program or as a beneficiary under a will, trust or similar instrument of such a vulnerable adult, unless he or she is an immediate family member.

SECTION 7: *Supervision Practices*

7:1 Purpose Statement	Supervision of Salvation Army programs, participants and personnel must be intentional, continual and reasonable under the circumstances. Appropriate monitoring and supervision enhances prevention of abuse and increases awareness of situations and behaviors before they become incidents. Intentional and continual supervision that is reasonable under the circumstances helps reduce the likelihood of false allegations and helps improve program quality.
7.2 Supervision Standards	<p>Program participants, be they minors or vulnerable adults, must be subject to reasonable supervision at all times. Program leadership is responsible to make sure all participants, activities and program areas are covered with appropriate supervision:</p> <ol style="list-style-type: none"> The program follows a two adult guideline, where reasonably feasible. The program follows state guidelines for participant to personnel ratios. Where required, the program is licensed or accredited. Program leadership uses a variety of monitoring methods including unannounced visits to the program. The program monitors personnel and participant internet use. The program follows command and territorial guidelines for approving new programs and one-time activities.

7:3 Facility Supervision	<p>Program facility characteristics must be systematically monitored for optimum supervision.</p> <ol style="list-style-type: none"> Unused rooms, storage areas and closet doors are kept locked. Unused building areas are designated, known and enforced as off-limits to minors and unauthorized individuals. The program uses open doors, open blinds and windows to allow informal monitoring by passersby. <i>Personnel only</i> areas are off limits to minors and unauthorized individuals. The program supervision plan addresses high risk areas such as restrooms. The supervision plan included exterior areas and related hazards and off-limits areas. The program has developed a system to control access to the facility: <ul style="list-style-type: none"> Personnel know how to approach visitors Personnel know how to interact with unauthorized individuals.
7:4 Program Supervision Plan	<p>The program has developed a written supervision plan that governs the following:</p> <ol style="list-style-type: none"> Off-site programs and activities, if applicable High risk activities such as changing, showering, bathroom, transportation, and overnight stays, as applicable Personnel interactions and boundaries with minors and vulnerable adults
7:5 Supervision Plans	<p>As a general rule, individuals known to The Salvation Army to be abusers or sex offenders will not be allowed to participate in Salvation Army activities if there is a reasonable likelihood of exposure to minors or vulnerable adults in the program. Most Corps activities will present risks of such exposure. It is national Salvation Army policy that known sex offenders will not be allowed to participate in residential programs that include minors.</p> <p>A local unit may seek approval from its Command Headquarters to allow a known abuser or sexual offender to participate in a program or activity under the terms of a Personal Safety and Risk Reduction Plan that is approved by the Territorial and Command Headquarters and addresses the risks and other issues identified in the <i>Procedures for Personal Safety & Risk Reduction Plans</i> minute.</p> <p>No such individual will knowingly be allowed to participate in a Salvation Army program with a reasonable likelihood of exposure to minors or vulnerable adults without Territorial Headquarters approval of such a plan.</p>

It is the responsibility of the local unit and the Command to monitor such situation to confirm that an approved plan is in place as long as the individual participates in such a Salvation Army program or activity.

Personal Safety & Risk Reduction Plans will be developed in consultation with Territorial Headquarters and Command Headquarters.

SECTION 8: *KeepSafe Reporting System*

8:1 Reporting Expectations	<p>All Salvation Army personnel are subject to internal (Salvation Army) reporting requirements and may be subject to external government (criminal and/or social services) reporting with respect to known or suspected abuse of minors and vulnerable adults.</p> <p><u>Internal:</u> All Salvation Army personnel must immediately report any suspected or known abuse of minors or vulnerable adults in Salvation Army programs, whether on or off Salvation Army property and whether perpetrated by Salvation Army personnel or otherwise, in each case using the methods described in 8:2 below.</p> <p>It is also expected that all Salvation Army personnel will immediately report any observation of inappropriate behaviors/interactions with/towards a minor or vulnerable adult and violations of this or other Salvation Army policies involving such populations.</p> <p><u>External:</u> Pursuant to Salvation Army policy, Salvation Army personnel will comply with all legally mandated external reporting relating to abuse of minors or vulnerable adults through the procedures described in 8:4 below.</p>
8:2 Reporting Methods	<p>Internal (Salvation Army) reports may be submitted through the following channels:</p> <ol style="list-style-type: none">1. ONLINE: www.Keepsafe.salvationarmy.org - <i>preferred</i>2. PHONE: Advice/Hotline 844.253.59483. EMAIL: KeepsafeReports@use.salvationarmy.org
8.3 Reporting Protocol	<p>Although all Salvation Army personnel are encouraged to make internal reports using the methods described in 8:2 above, reporting should normally be done in communication through the chain of command per unit/Command protocols. Reports received at THQ through the methods described in 8:2 above will be communicated back to Command leadership unless the report directly involves leadership or other personnel in the chain of command. Anyone making a report can choose to remain anonymous.</p>

**8:4
Reporting
Procedures**

All reports of suspected abuse, abuse, inappropriate behaviors, policy violations and concerns with minors and vulnerable adults will be taken seriously. Salvation Army procedures will be carefully followed to ensure that the rights of all of those involved are protected.

8:4.1 How to Report Suspected or Known Abuse of Minors or Vulnerable Adults



Immediately call **911** if the alleged victim is in imminent danger or injured.



If you are unsure if an incident or behavior needs to be reported, or to what government agency it should be reported, please call the KeepSAfe Advice/Hotline for consultation.



With guidance from the KeepSAfe advice/hotline, if necessary, call the appropriate social service agency such as:

- CPS (Child Protective Services)
- APS (Adult Protective Services)



Complete and submit a KeepSAfe Report via The Salvation Army USA Eastern Territorial KeepSAfe Reporting Website or Email:

- Web Reporting: www.keepsafe.salvationarmy.org
- Email: KeepSafeReports@use.salvationarmy.org



In situations where the reporter does not have access to a computer or internet – the report can be completed via The Salvation Army USA Eastern Territory KeepSAfe Reporting Advice/Hotline:

1.844.253.5948

8:4.2 How to Report Concerns and/or Policy Violations Involving Minors or Vulnerable Adults



If you are unsure if a concern, policy violation or behavior needs to be reported, please call the KeepSAfe Hotline for consultation.



Complete and submit a KeepSAfe Report via The Salvation Army USA Eastern Territorial KeepSAfe Reporting Website or Email:

- Web Reporting: www.keepsafe.salvationarmy.org
- Email: KeepSafeReports@use.salvationarmy.org



In situations where the reporter does not have access to a computer or internet – the report can be completed via The Salvation Army USA Eastern Territory KeepSAfe Reporting Advice/Hotline:

1.844.253.5948

8:5 Investigation	All reports of suspected abuse of minors or vulnerable adults that takes place in a Salvation Army program or that is perpetrated by Salvation Army personnel will be carefully investigated by Salvation Army administration, independent of (but in cooperation with) any investigation by law enforcement or social service authorities. Any Salvation Army personnel accused of such abuse will be immediately suspended and will not be allowed to work during the period of the investigation. Reference should be made to <i>The Salvation Army's National Policy Statement on Sexual Abuse of Children</i> for action to be taken as a result of such investigations with respect to those accused of abuse of minors, and with respect to the treatment of minors who are the victims of sexual abuse.
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