

Guiding Principle: All ministry workers require screening—both paid and volunteer.

	YES	NO
a. Do you screen all employees, including ministerial staff, whether or not they will work with children and youth?		
b. Do you screen volunteer children's and youth ministry workers?		
c. Do you consistently check employee and volunteer references?		
d. Do you regularly conduct criminal background checks on employees and volunteers?		
e. Do you conduct personal interviews with each ministry worker on a one-to three-year basis?		
f. Do you provide regular training for children's and youth ministry workers?		
g. Do you have a clearly defined reporting procedure in case an incident of abuse occurs?		
h. Are you prepared to respond to potential media inquiries?		
i. Do you currently have a written child abuse prevention policy for your children's and youth ministry programs?		
j. If you currently have a child abuse prevention program, are there elements that need improvement?		
k. Have you consulted an attorney in the development of a child abuse prevention policy and screening procedure?		
l. Do you strictly enforce your current policy or program?		
m. Do you have adequate insurance coverage to protect yourself financially if a claim of child abuse occurs?		
n. Have you developed and implemented a communication plan to meet your ongoing need to inform the members of your congregation?		
o. Do you regularly review your program and make changes when needed?		

Reference Response Information

To: _____
Name of Ministry

From: _____
Address

Subject: _____
Name of Worker Candidate

The individual named above has expressed an interest in working with children or youth in our ministry. The candidate has listed you as a reference. In order for our organization to properly evaluate the qualifications of this worker candidate, we are asking you to complete this form with your honest opinions and impressions of the candidate.

Please return the completed form to our organization in the enclosed envelope. Thank you for your assistance.

1. How long have you known the ministry worker candidate? _____

2. In what capacity have you come to know this individual? (i.e., co-worker, neighbor, friend, etc.) _____

3. In your opinion, is the above worker candidate fully qualified to work with children and youth?

Yes No (If no, please explain)

4. What concerns, if any, would you have in allowing this individual to work with children or youth? _____

5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth?

Yes ___ No ___ (If no, please explain)

Additional comments or explanations:

The above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please return this form at your earliest convenience to: (name of church, individual)

Thank you.

Worker Renewal Application

Volunteers and Employees

Name: _____ Daytime telephone: _____

Address: _____

Age range: 18 or younger 19-25 26 or older

Which area(s) of this ministry are you currently involved? _____

What other areas of this ministry, if any, do you plan to become involved? _____

Have you at any time ever:

- Been arrested for any reason? Yes No
- *Been convicted of, or pleaded guilty or no contest to, any crime? Yes No
- **Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

**To the extent that a crime does not pose a threat to minors, you might not be able to ask this question in your State. Check with your attorney. **The accusation aspect of this question might not be able to be asked of an employee or an applicant for employment. Check with your attorney.*

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes," please explain in detail• _____

Worker Renewal, Work Verification and Release: Volunteers and Employees

I recognize that (name of organization) is relying on the accuracy of the information I provide on the Worker Renewal Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I voluntarily release the organization and any such person or entity listed on the Worker Renewal Application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of the organization and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: _____

Signature: _____ Date: _____

Notice of Injury

Organization	Name:
	Address:
Time and Place .of Injury	Date of Injury: _____ Time: _____ <input type="checkbox"/> A M <input type="checkbox"/> P M
	Where did the injury occur?
Person Injured	Name: _____ Age: _____
	Address: _____ Telephone: _____
	Name of parents/guardians (if a minor):
	Employer:
	Injuries sustained:
	Where was injured. taken? (hospital/doctor):
	Relationship to organization: <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Student/Camper <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Other
	If injury occurred on insured's premises, for what purpose was the injured on the premises?
	Who was responsible for supervision at the time of injury?
	If injury occurred elsewhere, what connection did it have with the insured's operations or activities?
	Does the injured party have personal medical insurance that could apply? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medical insurance company:
Full Description of Incident	
Witnesses	Name: _____ Telephone: _____
	Address:
	Name: _____ Telephone: _____
	Address:

Signature: _____ Date of report: _____

Sample Children's/Youth Work Application

Name: _____

Daytime telephone: _____

Address: _____

Age range: 18 or younger 19-25 26 or older

In which children's/youth program(s) do you want to become involved?

What skills would you bring to the children's/youth program? _____

What other children's/youth work experience do you have? (Please list)

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you at any time ever:

- Been arrested for any reason? Yes No
- *Been convicted of, or pleaded guilty or no contest to, any crime? Yes No
- **Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

**To the extent that a crime does not pose a threat to minors, you might not be able to ask this question in your State. Check with your attorney. **The accusation aspect of this question might not be able to be asked of an employee or an applicant for employment. Check with your attorney.*

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes," please explain in detail: _____

(Please attach additional pages if more space is needed)

Church Activity

What church or churches have you attended in the past five years?

Church name	Pastor's name	Years attended
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (other than relatives). Please provide at least two.

Name/Relationship	Address	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children's/Youth Work Verification and Release

I recognize that (name of organization) is relying on the accuracy of the information I provide on the Children's/Youth Work Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the Children's/Youth Work Application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization- and any such person or entity listed on the Children's/Youth Work Application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: _____

Signature: _____ Date• _____

(Please read this document carefully before you sign it.)

Sample Activity Participation Agreement

Activity Information *(To be completed by the activity sponsor)*

Name of sponsoring organization: _____

Address: _____ Telephone: _____

Name of sponsor's coordinator: _____ Telephone: _____

Description of activity: _____

Date(s) and location of activity: _____

Participant Information *(To be completed by participant or authorized guardian)*

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone (daytime): _____ Telephone (evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and/or parent/guardians if participant is a minor)

Notes

A series of horizontal dotted lines for writing notes.