Child Protection Policy

Church Name

City, State

Date

Definition

Child Sexual Abuse includes any contact or interaction between a child and an adult in which the child is being used for the sexual stimulation of the adult or another person.

Policy Statement of Objectives

In order to provide as safe and secure an environment as possible for our ministry participants, and to minimize the ministry’s and workers’ vulnerability to unwarranted accusation, the following procedures and have been adopted and will be strictly enforced.

Volunteer Worker and Employee Screening Procedures

1. Prior to consideration for a position, any volunteer worker candidate who may be working with children, youth, or the disabled will complete and return an initial “*Children/Youth Ministry Application*” Form #1. Also, all applicants for employment, regardless of the position for which they are applying, will complete and return an initial “*Children/Youth Ministry Application*” Form #1.
2. The “*Ministry Application*” Form 1 will be carefully reviewed by the ministry leader or designee to make certain that the worker will be appropriate for the ministry position, based on the information provided.
3. If the person appears to be appropriate for the ministry work, then at least two of the references will be checked using “*Reference Response Information*,” Form 3 to confirm the information provided on the “*Children/Youth Ministry Application*” Form #1.
4. Any information indicating that a candidate poses a threat to others or has any prior history of physical or sexual abuse directed against another person will result in the immediate removal of the individual candidate from consideration for a ministry position with the **> Church<.**
5. An internet check of sex offenders will be made, and a criminal background check may be performed through a state law enforcement agency **>(http://www.indianasheriffs.org/)<** with respect to any candidate seeking to work with children, youth or the disabled.
6. Once each year, all volunteers and employees working with children and youth will complete the *Children/Youth Ministry Renewal Application*, Form 2.
7. The ministry leader or designee will document that Form 1 and Form 2 have been reviewed, that references on Form 3 have been contacted, and that the background check(s) have been completed.

Waiting Period

No volunteer worker candidate will be considered for any ministry position involving contact with children, youth, or the disabled until the candidate has been regularly involved in the John Wesley Free Methodist Church for at least six months.

Supervision

1. At least two adults (at least one over the age of 21) should be present at every function, and in each classroom, vehicle, or other enclosed area, during every child, youth, and disabled ministry program. For large groups of children, the number of adult supervisors will be increased.
2. During services/events, at least two adults (who have been approved as volunteer workers through the above screening process) will be appointed to supervise activity on the premises outside of the room where the service/event is held.
3. Workers should arrive at least 10 minutes before a scheduled activity and should keep watch over those in their care until all have been picked up by the authorized person. Do not send children out to find their parents, and do not release any child or youth to await transportation.

Work Restrictions

1. For children over the age of five, at least one adult female should take girls to the restroom, and one adult male should take boys to the restroom. The adult should check to make sure the facility is safe, and then wait outside the restroom until the children come out.
2. Children five years of age or younger (boys and girls) should be assisted as needed in the restroom by an adult female.
3. Never touch a person’s private areas except when necessary, as in the case of changing a diaper.
4. Workers should avoid the appearance of impropriety, such as setting older children on their lap, kissing or embracing others, etc.
5. Workers are to release children in their care only to parents, guardians, or persons specifically authorized to pick up the person.

Discipline

1. Workers are never to spank, hit, grab, shake, or otherwise physically discipline anyone.
2. Disciplinary problems should be reported to a parent or guardian and the Christian Education (CE) Director.

Injuries or Illness

1. Persons who are ill (with a fever, or having a communicable disease which can be transmitted by cough or by touch) will not be permitted to participate in any ministry activity.
2. A suitable substitute (who has been approved as a volunteer worker through the above screening process) must be used to take the place of workers who are ill.
3. Participants should be returned to their parent or guardian as soon as illness is discovered. If this is not possible, then the person who is ill should be isolated in a manner that will allow supervision to continue until the person can be returned to their parent or guardian.
4. Reasonable steps should be taken by everyone (both workers and participants) to avoid contact with body fluids of any kind.
5. The CE Director or any coordinator/supervisor who becomes aware of an injury to a worker or participant will take steps to ensure proper medical attention is given to the injured person.
6. Persons who have received an injury which is obviously minor, should be given first aid as needed at the time of injury. The person’s parent or guardian should be notified of the minor injury when they pick up the injured person.
7. Any injury which may require medical treatment beyond simple first aid should be given immediate attention: the parent or guardian of the injured person should be immediately notified, along with the CE Director or coordinator/supervisor. An ambulance should also be called immediately if warranted by the injury.

Record-Keeping

1. An attendance list should be kept for all of the ministry’s functions involving children, youth, and the disabled. The date of the function, along with the names of all participants and coordinators/supervisors should be recorded.
2. A written incident report should be prepared by workers whenever an injury should occur during a ministry function. The incident report will be forwarded to the CE Director promptly upon completion.

Notice of Injury, Abuse, or Molestation

1. Workers who become aware of any injury, abuse, or molestation connected with any ministry activity will immediately inform their coordinator/supervisor or ministry leader of such injury, abuse or molestation.
2. Any coordinator/supervisor who becomes aware of any injury, abuse, or molestation connected with any ministry activity will immediately inform a ministry leader of such injury, abuse, or molestation and will complete a *Notice of Injury* report, Form #4.
3. Any ministry leader who becomes aware of possible abuse or molestation of a participant will ensure that the participant’s parent or guardian is immediately informed that possible abuse or molestation has occurred. The ministry leader will also see that an attorney is promptly contacted to provide a written opinion as to whether the organization should report the abuse or molestation to law enforcement authorities. The written opinion should be obtained within 24 hours of when the ministry leader first becomes aware of the abuse or molestation, and the attorney’s advice should be followed. If the attorney recommends that an incident be reported, the advice should be acted upon immediately.
4. Upon notice of abuse or molestation, the liability insurance carrier must be promptly notified, as well as the > **Conference office**<.

Violation of Policy or Procedures

1. Workers must promptly notify their coordinator/supervisor of any activity undertaken on their own behalf or by others which violates this policy or procedures.
2. Any coordinator/supervisor or ministry leader who becomes aware of a violation of the policy or procedures will take all necessary steps to ensure future compliance with the policy and procedures by all workers; and will remove workers from their position if such removal is warranted, or if the worker poses a potential threat to others.

Internal Investigation

1. An allegation of abuse or molestation will be taken seriously and will be investigated by ministry leaders.
2. Any employee of the ministry who is the subject of an investigation will be removed from their position, with pay, pending completion of the investigations, unless the employee has admitted to the abuse or molestation, in which case he/she will be terminated.
3. Any volunteer worker who is the subject of the investigation will be removed from their position pending completion of the investigation.
4. Any person who is not found innocent of alleged abuse or molestation will be removed from work with children, youth, or the disabled within the > **Church name**< Free Methodist Church. The church will consult with legal counsel for advice if termination of employment is indicated.

Dealing with Law Enforcement/Media

1. All ministry leaders, employees, and volunteers will cooperate fully with any law enforcement or governmental agency that may be investigating allegations of injury, abuse, or molestation in connection with activities of the > **Church Name** < Free Methodist Church.
2. Legal counsel will be contacted for advice and guidance as soon as possible after the church receives notice of possible abuse or molestation in connection with church activities. Decisions concerning the ministry’s response to the allegations will be made in accordance with such advice.
3. A single church leader will be designated as spokesperson following notice of any abuse or molestation in connection with activities of the ministry. This spokesperson will be the only person to convey information concerning the situation and (to avoid compromising any ongoing investigation) will convey only such information as is necessary under the circumstances.

Annual Employee/Worker Review

1. This policy and procedures will be conveyed for review annually to all workers, employees, coordinators, supervisors, and leaders to whom it applies.
2. All ministry employees will complete a brief “Children/Youth Work Ministry Renewal Application” (Form #2) once each year. The renewal application will also be completed annually by all volunteer workers associated with the **>Church Name**< Free Methodist Church who will be working in any capacity with children, youth, or the disabled.
3. Should the renewal application show that any employee or volunteer worker has become unsuitable for working with children, youth, or the disabled, they will be immediately removed from their current position, and will not be considered for other positions involving work with children, youth, or the disabled.

Revision of Policy/Procedures

This policy and procedures will be regularly reviewed with legal counsel and can be

modified by action of the Board of Administration. Any such modification should be promptly conveyed to all persons affected by the modification.

Form #1 Rev 1/16/14

Children/Youth Ministry Application

VOLUNTEERS AND EMPLOYEES

Effective through AUGUST 31, 2014

PERSONAL

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime telephone: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age range: □ Under 21 □ 21 and over

In which children/youth program(s) are you seeking to become involved? \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What skills would you bring to the children/youth program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| Organization |  |
| Program |  |
| Dates |  |
| Contact |  |

|  |  |
| --- | --- |
| Organization |  |
| Program |  |
| Dates |  |
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|  |  |
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| Organization |  |
| Program |  |
| Dates |  |
| Contact |  |

|  |  |
| --- | --- |
| Organization |  |
| Program |  |
| Dates |  |
| Contact |  |

Have you at any time ever:

* Been arrested for any reason? □ Yes □ No
* Been convicted of or pled no contest to any crime? □ Yes □ No
* Engaged in, been accused of, been convicted of, pled guilty □ Yes □ No

or no contest to any act of child molestation, exploitation, or abuse?

Are you aware of:

* Having any traits or tendencies that could pose any threat □ Yes □ No

to children, youth or others?

* Any reason why you should not work with children, youth □ Yes □ No

or others?

If your answer to any of these questions is “yes,” please explain in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please attach an additional page if more space is needed)

NOTE: *To maintain confidentiality, you may submit this form directly to the senior pastor. You may also discuss your answer in confidence with the senior pastor. Answering “yes” will not automatically disqualify an applicant for children or youth work.*

CHURCH ACTIVITY

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

Church Name Pastor’s Name Years Attended

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

REFERENCES (other than relatives)

Name/Relationship Address Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

APPLICANT VERIFICATION AND RELEASE

I recognize that the >**Church Name**< Free Methodist Church to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the >**Church Name**< Free Methodist Church to contact any person or entity listed in this application, 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 >**Church Name**< Free Methodist Church and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the **>Church Name<** Free Methodist Church to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the >**Church Name**< Free Methodist Church, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form #2 Rev. 1/16/14

Children/Youth Ministry Renewal Application

VOLUNTEERS AND EMPLOYEES

Effective SEPTEMBER 1, 2013 – AUGUST 31, 2014

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime telephone: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age range: □ Under 21 □ 21 and over

In which children/youth program(s) are you currently involved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what other children/youth program(s) do you plan to become involved?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you at any time ever:

* Been arrested for any reason? □ Yes □ No
* Been convicted of or pled no contest to any crime? □ Yes □ No
* Engaged in, been accused of, been convicted of, pled guilty □ Yes □ No

or no contest to any act of child molestation, exploitation, or abuse?

Are you aware of:

* Having any traits or tendencies that could pose any threat □ Yes □ No

to children, youth or others?

* Any reason why you should not work with children, youth □ Yes □ No

or others?

If your answer to any of these questions is “yes,” please explain in detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please attach an additional page if more space is needed)

NOTE: *To maintain confidentiality, you may submit this form directly to the senior pastor. You may also discuss your answer in confidence with the senior pastor. Answering “yes” will not automatically disqualify an applicant for children or youth work.*

APPLICANT VERIFICATION AND RELEASE

I recognize that the **>Church Name <**Free Methodist Church to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I agree to abide by all policies and procedures of the **>Church Name <** Free Methodist Church, and to protect the health and safety of the children or youth at all times.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form #3

Reference Response Information

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

>Church Name <Free Methodist Church

Address

Phone: Fax:

Regarding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern:

You have been listed as a reference by the above individual, who has expressed an interest in working with children or youth in our ministry. In order for our church to properly evaluate the qualifications of this worker candidate, we would like you to complete this form with your honest opinions and impressions of the candidate. Once completed, please return this form to our organization. Thank you for your assistance in this regard.

1. How long have you known the above individual? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In what capacity have you come to know this individual? (co-worker, neighbor,

friend) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□Yes □ No (If no, explain below)

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 yes, explain below)

Additional Comments or Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form at your earliest convenience to the **>Church Name<** John Wesley FMC ministry leader listed above at the address shown above. Thank you.

Form #4

Notice of Injury

|  |  |
| --- | --- |
| Church |  |
| Time and Place  Of Injury | Date of injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ □ AM □PM  Where did it occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person Injured | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_  Name of parents/guardian (if a minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Injuries sustained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Where was injured taken? (hospital/doctor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to church: □ Member □ Visitor □ Volunteer □ Employee  □ Student/Camper □ Other  If injury occurred on church 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 injured’s operations or activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does the injured party have personal medical insurance that could apply?  □ Yes □ No  Name of medical insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Full Description of Incident | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Witness | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Review Form

Child Protection Program

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SIGNATURE | APPROVED | DISAPPROVED | DATE |
| Reviewer |  |  |  |  |
|  |  |  |  |  |
| Reviewer |  |  |  |  |
|  |  |  |  |  |
| Reviewer |  |  |  |  |
|  |  |  |  |  |
| Computer  Check | Initials\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

Notes

Applicant Review Form

Child Protection Program

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SIGNATURE | APPROVED | DISAPPROVED | DATE |
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| Reviewer |  |  |  |  |
|  |  |  |  |  |
| Computer  Check | Initials\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

Notes