



CENTERPOINT

**APPLICATION/BACKGROUND
& REFERENCE CHECK/RELEASE**

SAFE PLACE FOR KIDS
PREVENTION OF CHILD ABUSE AND SEXUAL MISCONDUCT

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Orientation to the CenterPoint Policy for the Prevention and Reporting of Child Abuse and Sexual Misconduct
(Here forward referred to as the “Safe Place for Kids” Policy).

↳ Please read, sign and date the last page of the orientation.

What is the purpose of this policy?

It is the purpose of the members and staff of CenterPoint to provide a safe and secure environment for preschoolers, children, youth, and mentally disabled persons entrusted to our care. We do this to encourage every attending person, and their families to grow both in their relationship with God and one another. It is our intent to love people first and provide a safe and effective environment for growth in God.

Who is affected by this policy?

This policy applies to all current and future workers, compensated and/or volunteer who will have the responsibility of supervising the activities of ministry to people under the age of 18.

The process to be an approved ministry worker requires:

- * Have been attending CenterPoint for a minimum of four (4) months
- * Be a member (signed the Membership Link covenant) in good standing
- * Satisfy the requirement of a yearly orientation refresher training
- * Complete and submit an ABRR (Application, Background & Reference Check & Release)
- * Consent to a national criminal background check, sex-offender screen and SSN verification
- * A self-interview may be required. It will be reviewed by the Ministry Leader or the “Safe Place for Kids” Coordinator
- * All items must be approved by the ministry leader and the “Safe Place for Kids” coordinator.

You are Ineligible to serve in a ministry involving minors if:

You have been convicted of having engaged in behavior that is prevented in this policy

Exceptions to the guidelines:

Parent helpers and “First Serves” are allowed to serve and thereby experience ministry opportunities when they are accompanied by an approved ministry worker. They must each be accompanied by an approved worker at all times.

Methodology of this policy.

A complete copy of this policy is to be kept with the ministry leader for review at all times.

Any observed or suspected violations to or of this policy will be investigated in a confidential and prompt manner.

The “Safe Place for Kids” coordinator and/or their designated representative will perform routine and unannounced visits to ministry areas and record their observations of compliance to this policy.

How will we respond to violations of this policy?

When a ministry worker becomes aware of a suspected or actual incident as defined in this policy, they are to immediately develop a safe environment for the child if any exposure to additional abuse is possible. The safety of the child is the first response for the worker.

They are to then contact their ministry supervisor, the “Safe Place for Kids” coordinator and/or a staff pastor. They will report the incident with the incident reporting form found in the policy within 24 hours of the incident.

All suspected incidents of abuse; misconduct or neglect as defined by this policy will be taken seriously, handled confidentially and investigated thoroughly by CenterPoint pastoral staff and/or civil authorities.

Actions and incident reporting.

Any confirmed activity that violates this policy will result in immediate suspension of any persons involved.

Incidents of defined abuse, neglect or misconduct will be reported to civil authorities when it is directly observed, found conclusive in an internal investigation or is confessed as having occurred. At all times safety and confidentiality will be maintained.

POLICY ACKNOWLEDGMENT AND RECEIPT

I did receive a written copy of the Child Abuse and Sexual Misconduct Prevention and Reporting Policy “Safe Place for Kids” Policy) for CenterPoint.

I affirm that I have read the policy, recognize the importance of complying fully with its intent and purpose, and I commit to carry out the policy in every aspect of application to the best of my abilities. I realize that any violation or non-compliance to this policy whether intentional or unintentional can and may lead to release from my role in a ministry working with minors. It may also lead to disciplinary action up to and including criminal prosecution and civil penalties. Should my personal behavior lead to either civil or criminal legal actions on the part of any person involved in my personal violation of this policy, I agree to hold CenterPoint harmless and free from liability from said actions.

Your signature indicating that you have read understood and agrees to the above paragraph:

_____ Date Signed: _____

APPLICATION PRIVACY STATEMENT:

1. You have every assurance that your personal information will remain secure and in a secured location.
2. Only people with direct need of any personal information will be allowed access to your information (as determined by a ministry leader or as determined by the “Safe Place for Kids” program administrator or CenterPoint Pastors.
3. No information will ever be given out by any staff member concerning your application for “Safe Place for Kids” approval, (by mail, phone, verbally or any electronic source (email, IM, etc.).
4. Your records are yours, they will not leave the secured location; however you have the right of review at any time, please request a review with the “Safe Place for Kids” Coordinator.
5. If you leave the ministry or the church, your records will either accompany you [to be given to you and a signed statement that you received them retained by CenterPoint], or will be destroyed.
6. All out-of-date records will be destroyed and disposed of properly to ensure your information safety and privacy.
7. Information will be provided as required by law to civil authorities.

I am passionate about your personal security and keeping your personal information private. I will continue to do everything in my power to ensure complete security of your private information and continue to improve the measures we take to secure that information. If you have any concerns about information security, please contact me.

Pastor Jonathan Cross

VOLUNTEER MINISTER APPLICATION

Date_____

This application is to be completed for any position (volunteer or compensated) involving the supervision or custody of minors. This is not an employment application form. Persons seeking a position in the church, as a paid employee will be required to complete an employment application in addition to this screening form. This will be used to help the church provide a safe and secure environment for those youth who participate in our programs and use our facilities.

GENERAL INFORMATION

Full Legal Name_____ Spouse's Name_____

Maiden Name (Or List All Other Names Used)_____

Address_____

City_____ State_____ Zip_____ How Long?_____

Home Phone_____ Mobile Phone_____ Work Phone_____

E-mail_____

Date of Birth_____ Social Security Number_____

Previous Address 1_____

City_____ State_____ Zip_____ How Long?_____

Previous Address 2_____

City_____ State_____ Zip_____ How Long?_____

DRIVING INFORMATION

Driver License #_____ State_____ Expiration_____

Are There Any Limitations on your Driver's License? Yes No If Yes, Please explain:_____

Type of license: Operators____ Commercial____ Chauffeur____ Other_____

Do you have any restrictions on your driver's license?

Yes____ No____ If yes, please note here:_____

Have you been involved in any motor vehicle accidents while driving during the past five years?

Yes____ No____ If yes, please list this question and describe each accident on a separate sheet.

Have you ever been convicted of any moving violations during the past five years?

Yes____ No____ If yes, please list this question and describe each conviction on a separate sheet.

Do you carry liability insurance on your automobile?

Yes____ If yes, please identify the insurance company_____

No____ If no, do not drive as a volunteer. All volunteer drives must have liability insurance coverage.

BACKGROUND INFORMATION

Do you regularly attend our Sunday gatherings? Yes No If yes, since when: _____

In what ministry are you currently serving at CenterPoint? _____

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? Yes No

Tell us about your spiritual journey to date:

I have chosen to work with minors at CenterPoint because _____

If there has been alcohol abuse, drug abuse, physical or sexual abuse in your family background, what steps have you taken to minimize the impact that those issues will create for you, both now and in the future? _____

REFERENCES

List 3 adults you've known for at least one year, who are not related to you and have a definite knowledge of your character and ability to work with youth.

1. CenterPoint Staff, Leadership Team Members, Small Group or Ministry Leader:

Name _____ Nature of Association _____

Occupation _____ Length of Time Known _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

2. Employer or Fellow Employee:

Name _____ Nature of Association _____

Occupation _____ Length of Time Known _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

3. Social Friend or Neighbor:

Name _____ Nature of Association _____

Occupation _____ Length of Time Known _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

EMPLOYMENT HISTORY

Current Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Position(s) Held _____

Employment Date: Start _____ End _____

If you have been employed at this position for less than 2 years, provide information on each job during that period.

Previous Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Position(s) Held _____

Employment Date: Start _____ End _____

MILITARY SERVICE

Branch _____ Enlist Date _____ Discharge Date _____

Primary Job or Duty _____

PERSONAL SITUATIONS

Are you... Single Married Widowed Divorced

Do you have children of your own? Yes No

Have you ever been arrested, convicted or pleaded guilty to a crime? Yes No

If yes, explain _____

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child? Yes No

If yes, explain in detail, providing date and place of incident. _____

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addiction; or has anyone ever suggested that you may have a problem with any of the above? Yes No

If yes, explain _____

Have you ever been treated for a psychiatric disorder? Yes No

If yes, explain _____

Are there any circumstances or patterns in your life which would make it inappropriate for you to serve with minors or would compromise the integrity of CenterPoint? Yes No

If yes, explain _____

CHURCH HISTORY

Are you a participating member of CenterPoint? Yes No

If no, name of church of which you are a member: _____

List (Name and City/State) of other churches you have attended regularly during the past five years:

List all previous church work involving youth (list each church's name and address, type of work performed and dates):

List all previous non-church work involving minors (list each organization's name and address, type of work performed and dates): _____

BACKGROUND INVESTIGATION CONSENT

Are you willing to allow CenterPoint to do a criminal history check on you? Yes No

If you answered "yes" to the above, please fill out and read the following:

I hereby authorize CenterPoint (CenterPoint) and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal/police records, including those maintained by both private and public organizations and all public records for the

purpose of confirming the information contained in my application and/or obtaining other information, which may be material to my qualifications as a volunteer minister or for employment now, and if applicable, during the tenure of my volunteering or employment with CenterPoint. I authorize CenterPoint at its discretion to re-check my background information at anytime I am engaged in volunteer activities at CenterPoint.

I release CenterPoint and/or its agents and any person or entity, which provides information pursuant to this authorization, from any liability, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

APPLICANT'S STATEMENT

The information provided in the "General Information" section is my true and complete legal name. The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they have regarding my character and fitness for children or youth work. I authorize the release of the information contained in this application to any ministry at CenterPoint in which I seek a position (volunteer or compensated).

In consideration of the receipt and evaluation of this application by CenterPoint, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application (you will receive a complimentary copy of your background check and a review of your records can be requested through the "Safe Place for Kids" coordinator. If approved the coordinator will set an appointment with you.).

Should my application be accepted, I agree to refrain from unscriptural conduct in the performance of my services on behalf of the church.

I state that **I HAVE PROVIDED ALL APPLICATION INFORMATION REQUESTED AND READ THE FOREGOING RELEASE AND ATTEST THE CONTENTS THEREOF ARE TRUE AND FACTUAL AND SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Applicant's Signature _____ Date_____