

VOLUNTEER

Background Screening Information Packet

For:

- CHURCH, SABBATH SCHOOL AND CLUB LEADERS
- PARENT VOLUNTEERS
- ALL VOLUNTEERS
- ALL DRIVERS FOR CHURCH AND SCHOOL SPONSORED OUTINGS
(DAY AND/OR OVERNIGHT TRIPS)

In order to protect our children and youth, the North American Division of Seventh-day Adventists, the Washington Conference of Seventh-day Adventists and insurance policy requires all churches/schools/clubs to screen backgrounds on every volunteer and worker who works directly with children and youth under the age of 18. Our greatest desire is to assist each church/school/club in doing what is prudent, legal and necessary in order to protect them. Enclosed are the Background Screening forms. Thank you for taking the time to complete these forms. Your diligence helps to ensure a safe environment for all children and youth who attend a Seventh-day Adventist church/school/club.

ATTN VOLUNTEER DRIVERS! You must fill out the Driver Information Section and Washington State residents must fill out the enclosed Driving Record Request form.

*** A \$10.00 processing fee for Washington State drivers is processed and paid for by the Washington Conference

*** If you have resided in Washington State less than three years, we need your previous driver's license number. Half of the processing fee will be paid for by the conference office and the other half by the church or school.

*** The Risk Management Office (our liability insurers) requires that all volunteer drivers for our conference have a "good" driving record. They have set criteria that must be met in order to drive students or other individuals in private vehicles on behalf of our schools and churches: *"The recommended minimum age for drivers shall be 21 years. Drivers shall have an acceptable driving record during the previous three years with not more than two traffic citations and no at-fault accidents while driving any vehicle."*

Please make sure you:

- Complete all sections of each form
- Include complete addresses with zip codes
- Print or write legibly
- Sign and date each form

**After completion, return this packet immediately to your Background Screening Coordinator
or mail your completed packet to:**

Background Screening Dept.
Washington Conference of Seventh-day Adventists
32229 Weyerhaeuser Way South
Federal Way, WA 98001

<input type="checkbox"/> RENEWAL	*** OFFICE USE ONLY ***	Date received: _____
References sent: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Received	<input type="checkbox"/> GL <input type="checkbox"/> FCRA <input type="checkbox"/> STATE	<input type="checkbox"/> DRR <input type="checkbox"/> ADR <input type="checkbox"/> ACCESS
Date recommended with conditions noted: _____	Date not recommended: _____	Date recommended: _____
Noted conditions: <input type="checkbox"/> NON-DRIVER <input type="checkbox"/> OTHER		
Signature of Washington Conference personnel completing screening process: _____		Date: _____

VOLUNTEER BACKGROUND SCREENING

It is the goal of every leader to have the best-qualified personnel available for his/her church/school/club. This record becomes the property of the Washington Conference of Seventh-day Adventists and will be used to evaluate all present and prospective volunteers and prospective workers working with children and youth 18 years of age and younger.

SECTION I - PERSONAL INFORMATION		Mark areas you will work with children. Write in name of school, church, club...
<i>Please print legibly, completing ALL sections below.</i>		
Name (Last, First, M.I.) _____		SCHOOL NAME? _____
Address _____		<input type="checkbox"/> Pathfinder Club: _____
City _____	State _____ Zip _____	<input type="checkbox"/> Adventure Club: _____
Contact phone () _____	Date of birth: _____	<input type="checkbox"/> Sunset Lake Camp
Email: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	CHURCH NAME? _____
How long have you lived at this address: _____	In this state: _____	<input type="checkbox"/> Church Leader
List all other states lived in the past 7 years: _____		Position: _____
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		<input type="checkbox"/> Sabbath School
Children living at home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Grown children? <input type="checkbox"/> YES <input type="checkbox"/> NO	Department: _____
Are you a member of the Adventist Church? <input type="checkbox"/> YES <input type="checkbox"/> NO How Long: _____	Church(s) attended the past 5 years: _____	<input type="checkbox"/> Youth Department
Name of church currently attending: _____		<input type="checkbox"/> Vacation Bible School
		<input type="checkbox"/> Camp Meeting
		<input type="checkbox"/> Other: _____

<input checked="" type="checkbox"/> <i>Please check the box that applies!</i>	*** DRIVER INFORMATION ***
<input type="checkbox"/> NO , I will NOT be driving for church/school/club/camp sponsored activities. <i>If checked NO, do not fill out the remainder of this section and continue on with Section II.</i>	
<input type="checkbox"/> YES , I will be driving for church/school/club/camp sponsored activities. <i>If checked YES, please fill out the remainder of this section and continue on with Section II.</i>	
Current Driver's License # _____ State _____ Expiration _____	
List previous state you had a driver's license within the last 2 years if different from WA _____ License # _____	
Name of Insurance Carrier: _____ Insurance # _____	
I hereby authorize Washington Conference of SDA to obtain my motor vehicle operating record through the Washington Department of Licensing, and/or through Employ Safe Technologies, Inc and DDS, Inc. In the event of a sub-standard record, I understand Washington Conference of SDA may notify my pastor/principal. Otherwise, the information is kept confidential.	
Signature _____	Date _____
Washington Conference Driving Policy for all persons transporting children or youth for church/school related activities whether the vehicle is church-owned or privately owned: "Drivers shall have an acceptable driving record during the previous three years with not more than two traffic citations and no at-fault accidents while driving any vehicle . When a driver does not meet the above driving standard, he/she shall not be assigned to or retained for a driving position." –NAD Policy Manual, p. 50.	

SECTION II - EXPERIENCE		
List all experience and training in the past five years (VBS, Sabbath School, Pathfinders, classroom assistant, etc.) that might qualify you to work with children and/or youth:		
	Position/type of work	Church/Organization
1.		Date(s)
2.		
3.		

SECTION III - SPECIAL SKILLS OR INTERESTS

List the areas in which you are interested in helping or teaching (division leader, piano player, nature classes, etc.)

Circle: T = capable of teaching A = able to assist I = interested in learning to teach

1.	T A I	3.	T A I
2.	T A I	4.	T A I



Please check the box that applies

SECTION IV - UNLAWFUL CONDUCT

Understanding the epidemic proportions of child abuse and unlawful conduct, Section VI has been included to protect children and youth in church and/or church school-sponsored programs from abuse by any staff with a history of misconduct. The confidentiality of applicants will be respected while also protecting parents, church/school workers, and the Seventh-day Adventist Church organization.

YES, I authorize Washington Conference of SDA to conduct a Criminal History search with the Washington State Patrol, or if recently moved to Washington from out-of-state, to conduct a Criminal History search through Employ Safe Technologies, Inc.

Have you ever been (formally or informally) accused, charged, or disciplined for any unlawful sexual conduct, child abuse, and/or child sexual abuse? **YES** **NO**

Date: _____ Place: _____

Type of Conduct: _____

SECTION V - REFERENCES

If this is a renewal and you already have your references completed, do not fill this out again.

List below individuals who could recommend you for service with children and/or youth. **DO NOT LIST RELATIVES. Completing ALL names below is REQUIRED. A reference form will be mailed to each individual.*

Name	Street	City	State	Zip	Phone
<u>PLEASE PRINT</u>					
1. Pastor					()
2. Other					()
3. Other					()
4. Other					()

SECTION VI - STATEMENT OF ACCURACY

As applicant the information contained in this application is correct to the best of my knowledge. I authorize any references, churches and/or schools listed in this application to give any information that they may have regarding my character and fitness for working with children or youth. I hereby release any individual, church, school, or organization from any and all liability for damages that may result to me, my heirs, or family for compliance with this authorization. I also authorize the Washington Conference of Seventh-day Adventists to seek investigative background inquiries through the Washington State Patrol, and or a national background check through Employ Safe Technologies, Inc., DDS, Inc., and any of their licensed agents, including criminal convictions, motor vehicle, and other reports. This consumer report will NOT include my credit report unless specifically required by nature of my volunteer job (access to considerable amounts of money or inventory). I understand that information will be requested from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences.

Your signature on this form confirms your understanding and agreement that: In the event allegations of criminal or sexual misconduct arise regarding your conduct while you serve in the above-described capacity(ies), the church and/or school will fully cooperate with any investigation.

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

North American Division and insurance policy require all information on this Background Screening Information Form. It will become a permanent record and should include updates every three years. In the event of accusations against the applicant, opportunity should be given for response by the accused. This response also becomes a part of the record.

Applicant's signature: _____ **Date:** _____

GUIDELINES FOR VOLUNTEERS/WORKERS

Because our society is filled with pain, problems and litigation caused by improper conduct of adults working with children and youth, it is imperative that those working with children at church/school/club have meaningful guidelines for conduct - to protect both themselves and those under their care. As a ministry volunteer, you want parents and others to feel comfortable and confident with you. Here are some practical guidelines:

1. **Never leave unattended a child or group of children for whom you are responsible.** Provide adequate supervision at all times, no matter what.
2. **NEVER be the only adult** serving as a caregiver – ALWAYS have at least one other person 18 years of age or older with you.
3. **Always ask a person's permission before touching** him/her anywhere, even when responding to an injury or problem. This is especially true for any area that would normally be covered by a T-shirt and shorts. If an injury is within this area, make sure another adult works with you as you provide care.
4. **Physical and verbal attacks are inappropriate** and should not ever be used as discipline. "Time out" or "sit-in-that-chair" may be helpful methods with children.
5. **Kids need to be touched appropriately.** However, keep hugs brief and "shoulder-to-shoulder" or "side-to-side." Always keep your hands at (not below) the shoulder level. A caregiver kiss is the forehead or cheek only – not elsewhere. For small children who like to sit on laps, encourage them to sit next to you.
6. **When taking small children to the bathroom** take another adult along or leave the door open.
7. **SIX MONTH RULE.** If you have just moved to the area, or recently changed your church membership, you will not be approved until six months have passed. The same applies if you volunteer at your school or club. This allows the church/school/club time to get to know you.
8. **BE AWARE** of the signs and symptoms of abuse. Be aware of the legal requirements in your locality for reporting child abuse. In nearly all places, a caregiver can be held legally responsible for failing to report suspected or actual child abuse.
9. **Be loving, kind, firm and always thoroughly professional.** Working with children and youth at church/school/club is not only a privilege, it is also a responsibility that must be approached with utmost care.

I, the undersigned volunteer/worker, have read the guidelines listed above and agree to abide by them. I will obtain a copy of this signed form and keep it for reference.

DATE _____ SIGNED _____

**NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CHECK REPORT**

(Volunteers)
Fair Credit Reporting Act (FCRA)

The purpose of this Notice and Authorization is to inform you that the Washington Conference of Seventh-day Adventists (the "Conference") conducts a criminal record check under the federal Fair Credit Reporting Act on all volunteers who will be working directly with children or youth. These criminal record checks are performed in compliance with the federal Fair Credit Reporting Act to ensure a safe working environment.

The Conference requires, as a prerequisite to providing volunteer services, that all individuals seeking to volunteer their services consent to a criminal record check and provide certain identifying information to facilitate this process. Failure to consent to a criminal record check will result in ineligibility to provide volunteer services to the Conference.

I authorize the Conference and its authorized representatives to obtain a criminal record report on me as part of the Conference's background investigation. This authorization shall remain valid and serve as an ongoing authorization for the Conference and its authorized representatives to obtain criminal record reports on me at any time while I am providing volunteer services to the Conference. I authorize any person, organization, governmental authority or other party to release and disclose information and cooperate in the obtaining and producing of criminal record reports on me.

I hereby release the Conference and its authorized representatives from any and all claims, actions, and liabilities arising from or relating to the Conference conducting this background investigation and obtaining and considering information about me through a criminal record report. I understand that this release does not limit my rights, if any, under the Fair Credit Reporting Act.

By signing below, I acknowledge receipt of this disclosure and authorize the Conference to request a criminal record report on me.

Volunteer Signature

Date

Printed Name of Volunteer

Social Security Number



Driving Record Request

FOR VALIDATION ONLY

106-060-421-0005

Driver Records
Department of Licensing
 PO Box 9048
 Olympia, WA 98507-9048

Please allow two weeks for processing. If you have additional questions, contact customer service at (360) 902-3900.

Requestor name (Last, First, Middle Initial)		
Washington driver license number	Date of birth	(Area code) Daytime telephone number
Name of individual or company you want your drive record sent to WASHINGTON SDA CONFERENCE - BACKGROUND SCREENING		
How would you like your driving record sent to you? (Check one only) <input type="checkbox"/> U.S. mail <input checked="" type="checkbox"/> email <input type="checkbox"/> Fax		
Delivery information (Mailing address, email, or [Area code] Fax number) joan.libby@wc.npuc.org		
<p>Type(s) of record</p> <p>Insurance records will show violations, convictions, and accidents only. Other drive records will show all traffic-related convictions, violations, collisions, suspensions, revocations, and disqualifications.</p> <p>We offer the following types of driving records. Check the box beside the type(s) you need.</p> <p><input type="checkbox"/> Noncommercial insurance record (3 year)—Used to create and renew vehicle insurance policies.</p> <p><input type="checkbox"/> Commercial insurance record (3 year)—Used to create and renew commercial vehicle insurance policies.</p> <p><input type="checkbox"/> Life insurance record (3 year)—Used to create and renew life insurance policies.</p> <p><input type="checkbox"/> Employment record—Used by employers to determine employment eligibility.</p> <p><input type="checkbox"/> Volunteer/Transit record—Used to determine if a volunteer driver meets the insurance and risk-management requirements to drive a vanpool vehicle or should be permitted to operate a vehicle used to transport individuals who are under 18, over 65, or disabled.</p> <p><input type="checkbox"/> School bus driver record—Used to determine if a person should be employed to operate a school bus.</p> <p>This request is to be billed and mailed to school district _____</p> <p>School district authorization _____ Requestor code _____</p> <p><input checked="" type="checkbox"/> Complete record—A complete driving record requested by the person named on the driving record.</p> <p><i>I declare under penalty of perjury under the laws of the state of Washington that I am the individual named above.</i></p> <p>_____ X _____ Date and place Signature (valid for four months)</p>		