CHILD/YOUTH SUPERVISION POLICY

CHRISTIAN EDUCATION, YOUTH ACTIVITIES & CHILD CARE

Knowing that God loves all people, we strive to provide a safe learning and growing environment for all, and we abide by the following policy:

There will be at least two non-related employees/volunteers 18 years of age or older at all times in every room and/or every activity.

Volunteers under 18 years of age may assist with the approval of those in charge.

Employees/volunteers are in charge of the supervision and safety of each child.

To qualify as a volunteer, one must be a regular attendee and/or a member of the First Baptist Church for at least six months.

One-time community visitors having a single focus can visit child/youth activities. Employees/volunteers are responsible to ensure the visitor is not left alone with any child.

All employees/volunteers must complete the screening and Washington State Patrol Criminal History Check.

Only those having completed the screening process may take part in child and youth activities.

All confidential information will be reviewed by the Pastor. At the Pastor's or applicant's discretion, after conferring with the applicant, he/she may consult with the screening team (consisting of the C.E. Chair person and the Church Moderator). This information will then be placed in a locked file cabinet.

The applicant or worker has the right of periodic review of his/her file and it's entire contents. The applicant or worker may make appropriate handwritten notes of the contents. no form of direct copying or photography may be employed. The file must be reviewed in the Church Office.

CHILD/ YOUTH SUPERVISION PROCEDURE

CHRISTIAN EDUCATION, YOUTH ACTIVITIES & CHILD CARE

- 1. All employees/volunteers must complete the screening and Washington State Patrol Criminal History Check process.
- 2. All employees/volunteers must take part in a personnel interview.
- 3. The screening team will consist of the Pastor, the Christian Education Board Chair and the Church Moderator.
- 4. Reference checks will be completed on all employees/volunteers.
- 5. All employees/volunteers must read and sign a copy of the Child/Youth Supervision Policy.
- 6. All confidential information will be kept in a locked file cabinet in the Church Office.

CHILD/ YOUTH SUPERVISION PROCEDURE

CHRISTIAN EDUCATION, YOUTH ACTIVITIES & CHILD CARE

This application is to be completed by all applicants 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. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

PERSONAL

Date				
NameLast	First		Middle	
Identity must be conf	firmed with a state driver	's license or other photo	ographic identifica	tion.
Present address:				
City	, State	Zip		
Home phone		Cell Phone		
	pe of youth or children			
	ate you would be availa			
What is the minimum	length of commitment	you can make?		
_	convicted of or pleadec ase explain - attach a se			No
Do you have a curren	t Washington State dri	ver's license?	Yes	No
Please list your driver	's license number:			

CHURCH HISTORY AND PRIOR YOUTH WORK

Name of church where you are a member:			
List (name & address) of other church	es you have attended regularly during the past five years:		
List all previous church work involving performed and dates)	g youth (list each church's name and address, type of work		
List all previous non-church work invo	olving youth (list each organization's name and address, type of		
List any gifts, calling, trainings, educa work:	ation, or other factors that have prepared you for children or youth		
Personal Reference (not former employment) Name	oyers or relatives) Relationship		
	Telephone		
Name	Relationship		
	Telephone		
APF	PLICANT'S STATEMENT		
references or churches listed in this a may have regarding my character and and evaluation of this application by F organization, charity, employer, refere custodians, both collectively and indi-	cation is correct to the best of my knowledge. I authorize any pplication to give you any information (including opinions) that they difference that the fitness for children or youth work. In consideration of the receipt First Baptist Church, I hereby release any individual, church, youth note, or any other person or organization, including record vidually, from any and all liability for damages of whatever kind or o, my heirs, or family, on account of compliance or any attempts to		
Should my application be accepted, I Church	agree to be bound by the Bylaws and policies of First Baptist		
	d the foregoing release and know the contents thereof and I sign is a legally binding agreement I have read and understand.		
Applicant Signature	Date		
Witness	Data		

CHILD/ YOUTH SUPERVISION PROCEDURE

CHRISTIAN EDUCATION, YOUTH ACTIVITIES & CHILD CARE

Name of Applicant
Reference or church contacted (if a church, identify both the church and person or minister contacted)
Date and time of contact
Person contacting the reference or church
Summary of conversation (summarize the reference's or minister's remarks concerning the applicant's fitness for youth or children's work)
Interviewer's Signature
Position
 Date

PROVISION OF CONDITIONAL PLACEMENT

CHRISTIAN EDUCATION, YOUTH ACTIVITIES & CHILD CARE CHILD/YOUTH SUPERVISION

the Washington State Patrol inf I understand that this request n I am entitled to see the results.	understand that my employment/ t Baptist Church is conditional, based on the results of formation, under the Child/ Adult Abuse Information Act. formally requires two to four weeks processing time and I also understand that upon receipt of response, FBC make the requisite hiring decision.
Print Name	-
	-
Signature	
Date	
Witness/Print Name	-
Witness/Signature	_
Date	

CONSENT TO BACKGROUND INVESTIGATION

and
RELEASE OF INFORMATION

The undersigned hereby give First Baptist Church (FBC) permission to conduct a background investigation in order that FBC may determine suitable employment/volunteering with them. It is understood that FBC will obtain the undersigned's driving and criminal record, and the undersigned hereby waives his/her privacy and confidentiality rights and all other rights related to the Washington State Patrols's release of said information to FBC, in connection with consideration of associate's application for employment/volunteering.

	Prospective Employee (Print Name)
	Signature
	Date
Witness (Print Name)	
Signature	
 Date	

CHRISTIAN EDUCATION, YOUTH ACTIVITIES & CHILD CARE

CHILD/YOUTH SUPERVISION APPLICANT OF INQUIRY

Applicant of Inquiry

Applicant's Nam	ne:				
Please Print	Last		First	Middle	
Alias/Maiden Na	ame:				
Data of Disthe				C	
Date of Birth:	Month	Day	Year	Sex:	
Social Security	Number:				
Driver's License	Number/State) :		/	