

Child Protection Policy
for
POWELL BAPTIST CHURCH

Consent to Release of Confidential Information

Having made application to work with minors/special needs children at Powell Baptist Church and desiring the church to be informed as to my past record and character, I authorize, in accordance with all state and federal laws, any person, references, employers, churches or organizations with whom I have had any contact to release to Powell Baptist Church any information (including opinions) they may have regarding my record, personal character, general reputation, and other qualities pertinent to my service. I also authorize Powell Baptist Church, at its discretion, to contact any law enforcement or social services agency to determine whether I have ever been charged or plead nolo contendere or convicted of a crime, and I authorize such agencies to release such information to Powell Baptist Church. I fully release Powell Baptist Church, its agents, and all persons, organizations, and agencies from any right or claim of confidentiality from all claims, actions, or causes of action which may arise as a consequence of exchanging such information. I complete the information below because I understand the church's desire to protect its children.

Legal Name _____ Maiden Name _____

Any other names/nicknames by which you are known: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Social Security No.: _____

Driver's License No.: _____ State: _____ Expiration Date: _____

Signature: _____ Date: _____

SCREENING RESULTS

_____ I have conducted a background screen through LexisNexis Screen Now regarding the person named above and have no indication that this person has ever been charged, arrested, or convicted of a crime, including neglect, physical abuse, sexual abuse, assault, or any other acts of violence.

_____ I have found some problem(s) with this person's background screen.

Signature: _____ Date: _____

(Date of birth, race and sex have been requested solely for the purpose of identification in obtaining accurate retrieval of records. All information obtained from the individual being screened and the information obtained from the background screen is regarded as highly confidential and will be held in a locked file to protect the individual's personal information).

POWELL BAPTIST CHURCH

CHILD PROTECTION POLICY & AGREEMENT FORM

I. POWELL BAPTIST CHURCH CHILD PROTECTION POLICY

- A. The Powell Baptist Church (PBC) is committed to protecting preschoolers, children and youth from sexual, emotional and physical abuse. Powell Baptist Church has a **Zero-Tolerance Policy** prohibiting any act of sexual, emotional or physical abuse. The zero-tolerance policy requires of Powell Baptist Church employees and volunteers the immediate reporting to the PBC child protection designee of any occurrence or suspected occurrence.
- B. Any paid employee or volunteer who works with children (age 17 or under) will be given the definition of child abuse in writing, as well as the policy on reporting child abuse. All paid employees and volunteers are required to participate in an annual child abuse seminar to help the worker gain an appreciation for the reality of the concern. The definitions and training should help workers identify child abuse in the future, if they see signs of it.
- C. Powell Baptist Church exercises one or both of the following practices:
 - a. The **“two adult” rule** requires a reasonable number of adult workers to be maintained in each situation involving the supervision of children and youth, but with a minimum of two workers (that are not married to each other or members of the same family) at all times. A married couple or two family members account for only “one” of the “two adult” rule.
 - b. An **“open door” policy** is implemented when there is only one adult in the room with children and youth. The classroom door must remain open when only one adult is present with the children or youth.
- D. Powell Baptist Church organizational directors/ministry leaders are the child designees; they supervise on an ongoing basis and make unannounced visits into classes or other sites from time to time.
- E. All paid employees and those volunteers who work with children and youth will have an application on file that includes a legal release statement allowing the PBC to conduct criminal background checks. The application includes questions pertaining to working with children and youth. The application may include personal interviews, current address information, former churches, references and general experience in working with children and/or youth.
- F. A criminal background check will be conducted on all paid employees. A criminal background check will be conducted on all volunteers who work with children and youth. Should the results of a background check deem that an individual could not serve as a children or youth worker, that individual will be notified in person by the pastor of PBC or the church’s designee and in writing.
- G. An identification system will be utilized during PBC meetings/functions so that when adults drop off a child they are the same adults or the adult’s designee who picks up the child.

II. DEFINITIONS

A. Defining Child Abuse

- Emotional Abuse: Occurs when a child's emotional and mental health are not being met.
- Neglect: Occurs when a child's needs for food, shelter, clothing or supervision have not been met.
- Physical Abuse: Occurs when someone inflicts visible or invisible bodily harm.
- Sexual Abuse: Involves direct or indirect sexual acts or behavior including but not limited to language and audio visual materials.

B. Identifying Physical and Behavioral Indicators of Abuse/Neglect

Disclaimer: These indicators are not exhaustive and do not verify actual abuse, however when observed, they may warrant further investigation. If these indicators are detected, see reporting procedure.

- Wary of others
- Clingy (clinging) to others
- Uncomfortable with emotions (crying)
- Emotionally detached
- Extreme changes in behavior when not around parents
- Manipulative or controlling/poor image of self
- Delinquent behavior
- Self-mutilation, drug, and alcohol abuse
- Bruises, welts, burns, bite marks, bed wetting, fractures
- Reluctant to change clothes in front of others
- Questionable sexual behavior, knowledge beyond the particular developmental age
- Promiscuous
- Withdrawn, distant
- Self-conscious
- Obsessively clean
- Extreme compliance or defiant
- Anxious
- Fearful
- Pain or itching in genital area
- Injury to genital area

III. REPORTING PROTOCOL

- ### A.
- Any suspicion or allegation of abuse and/or neglect of a child by a staff member, family member or any individuals shall be confidentially reported to Powell Baptist Church child protection designee immediately. Do not treat any suspicion or accusation as frivolous.

- B. The decisions regarding further assessment of any danger, seeking consultation, notification of parents/custody holders and any further necessary services will be based on the decision of the Powell Baptist Church organizational director/ministry leader following consultation with the Pastor of Powell Baptist Church or the church's designee.

IV. MEDIA COMMUNICATION

The Pastor of Powell Baptist Church or the church's designee is designated as the media spokesman for the church in all matters related to sexual molestation and any other forms of child abuse. All questions and inquiries should be referred to this individual.

AGREEMENT STATEMENT AND SIGNATURE

I have read this Powell Baptist Church Child Protection Policy document and understand Sections I, II, III and IV. I agree to abide by the policy and procedures as detailed in this document.

Print Name: _____

Employee/Volunteer Signature: _____

Date: _____

Church Representative's Signature: _____

Church Representative's Position: _____

Date: _____

Child Protection Policy

for

Powell Baptist Church

CONFIDENTIAL VOLUNTEER APPLICATION

Powell Baptist Church requires completion of this application by every volunteer who desires to serve in a position involving the supervision or care of minors under the age of 18 and for all activities in church facilities or church sponsored events, and by every volunteer working with individuals with special needs. We believe that God has called us to provide a safe environment that allows for spiritual growth for all who are in our care.

Name _____ Date _____

Maiden Name (if applies) _____

Present Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

Email Address _____

When and where was your profession of Faith in Christ? (Please give church and city)

List any spiritual gifts, talents, callings, training, education or other factors that have prepared you for teaching minors

Please give a brief testimony. _____

Would you be available for periodic volunteer training sessions? _____ Yes _____ No

Ministry(s) where you want to serve _____

Previous Addresses (Please list addresses for the past 5 years).

Address _____ City _____ State _____ Zip _____

Dates From: _____ To: _____

Address _____ City _____ State _____ Zip _____

Dates From: _____ To: _____

Address _____ City _____ State _____ Zip _____

Dates From: _____ To: _____

REFERENCES

Personal (People not related to you by blood or marriage.)

Name _____ Day Phone _____

Address _____ City _____ State _____ Zip _____

Relationship To You _____ Evening Phone _____

Name _____ Day Phone _____

Address _____ City _____ State _____ Zip _____

Relationship To You _____ Evening Phone _____

Name _____ Day Phone _____

Address _____ City _____ State _____ Zip _____

Relationship To You _____ Evening Phone _____

Churches you have previously attended in the past five years. Include ALL work involving minors/special needs individuals. (Attach separate page if needed.)

Church Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates From _____ To _____

Work with minors/special needs _____

Reason for Leaving _____

Church Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dates From _____ To _____

Work with minors/special needs _____

Reason for Leaving _____

Previous volunteer work involving minors/special needs individuals. (non church)

Organization Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Type Work _____ Dates From/To _____

Organization Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Type Work _____ Dates From/To _____

Organization Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Type Work _____ Dates From/To _____

Have you ever been charged with, convicted of plead nolo contendere or guilty to a crime, either a misdemeanor or felony, including but not limited to crimes involving minors, child molestation, crimes involving pornography, sexual or physical abuse, drug/alcohol related charges, other crimes of violence?

No Yes If yes, please explain

Have you ever been found by Court Order, Jury Verdict, or other evidence to have abused, neglected or deprived a child or to have caused serious injury to another person as a result of your intentional or grossly negligent misconduct?

No Yes If yes, please explain

Are you currently engaged in the illegal use of drugs?

No Yes If yes, please explain

If there has been abuse of any kind in your background, whether physical, emotional, sexual, drug or alcohol, have you taken steps to minimize the impact of those issues for you both now and in the future?

No, I have not taken steps Yes, I have taken steps This does not apply to me

Applicant's Statement and Agreement

The information contained in this application is correct to the best of my knowledge. I understand that any false statement or omission of information would be grounds for denial or termination of volunteer services should my application be accepted, I agree to be bound by Powell Baptist Church policies and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant Signature _____ Date _____

Applicant Name Printed _____

IF APPLICANT IS A MINOR, THE PARENT OR GUARDIAN MUST ALSO SIGN AND CERTIFY THIS APPLICATION. I have read this application in its entirety and to the best of my knowledge the information is true and correct and I know of no reason why the applicant should not be allowed to work directly or indirectly with other minors. I am not aware of any mental illness or psychotic disorder or any condition that would influence the applicant's ability to work with minors.

Parent/Guardian Signature _____ Date _____