

**Prospective Organization: First Assembly of God (FIRS51)
(Package 1)**

NOTICE TO VOLUNTEER APPLICANTS

Your organization has contracted with *First Advantage* to verify certain information contained in your application for volunteer ministry, employment, conditional job offer or provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. *Please complete all information requested. Failure to provide this information will delay your background clearance process.*

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by *First Advantage*, 1 Concourse Parkway NE Suite 200, Atlanta, GA 30328. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

Applicant's Legal Name	Last	First	Full Middle Name		
Please provide any other name used for prior employment or school that differentiates from the above.	Last (Maiden name? – yes/no)	First	Full Middle Name		
Current Home Address	Street	City	State	Zip	
Date of Birth: (Month/Day/Year)		Social Security #			
Name as it appears on Driver's License:					
Driver's License #		State:			
RESIDENTIAL HISTORY: List all residential addresses in the last 7 years					
Address	City	State	Zip	From	To
Address	City	State	Zip	From	To
Address	City	State	Zip	From	To
EDUCATION HISTORY: List all schools attended					
Name of College, University or Trade School		From	<u>Dates Attended</u> To		
City/State	Telephone	Degree Earned: _____ or Incomplete			
Major		Minor			
Name of College, University or Trade School		From	<u>Dates Attended</u> To		
City/State	Telephone	Degree Earned: _____ or Incomplete			
Major		Minor			

Consent Document (complete front and back)

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Applicant's Legal Name	Last	First	M.I.
EMPLOYMENT HISTORY: List all jobs held in the last 7 years			
MOST RECENT COMPANY NAME:			Telephone
May we contact your present employer? (circle one) YES NO			
Address	City	State	Zip
From	To		
Job Title	Salary (Optional)	Reason for Leaving	
2nd COMPANY NAME			Telephone
Address	City	State	Zip
From	To		
Job Title	Salary (Optional)	Reason for Leaving	
3rd COMPANY NAME			Telephone
Address	City	State	Zip
From	To		
Job Title	Salary (Optional)	Reason for Leaving	
4th COMPANY NAME			Telephone
Address	City	State	Zip
From	To		
Job Title	Salary (Optional)	Reason for Leaving	

APPLICANT CONSENT: I understand and agree that *First Advantage* will verify all or part of the information I have given my prospective employer. I understand that this verification may include any inquiry into my credit history, motor vehicle driving record, criminal and civil records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT SIGNATURE: _____ DATE: _____

APPLICATION FOR CHILDREN'S AND STUDENT MINISTRY WORK

We hope you will understand that the protection of the children and students who attend our church is of the utmost importance. The purpose of this form is to help protect the children and students of First Assembly, as well as the church officers, staff, and volunteers. We appreciate your cooperation with us in this process.

Name _____

When did you begin attending First Assembly? _____

Have you previously been a part of a church other than First Assembly? _____

Name of church _____ How long? _____

Address _____ Pastor's name _____

What type of ministry experience have you had, if any? Please describe briefly _____

What age levels of children or youth have you worked with in the past? _____

Please list any skills, abilities or special training _____

Why do you want to be in children's / student ministry? _____

Briefly describe your Christian experience (salvation, Christian growth, etc.) _____

Have you ever been molested or abused? If yes, please explain. (You may prefer to discuss this privately with a pastor.)

What is your view on alcohol and illegal drugs? _____

Have you used illegal drugs in the last year? If yes, please explain. _____

Has your driver's license ever been suspended or revoked? If yes, please explain. _____

Have you ever been convicted of a felony? If yes, please explain. _____

Please list three business or professional references (not friends or family).

NAME

ADDRESS

PHONE

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to First Assembly of God or its representatives to release any and all records or information relating to working with minors. First Assembly of God may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth worker. I understand that the personal information in this application will be held confidential by the professional church staff.

Signature

today's date

SUMMARY OF POLICY AND PROCEDURE OF THE CHURCH CONCERNING SEXUAL OR OTHER PHYSICAL ABUSE OF CHILDREN

There are few problems more painful than the sexual abuse of a child by a member of the clergy, an employee, or any other agent of the church.

The sexual abuse of children is morally reprehensible and emotionally devastating. Although it cuts across all lines of society, and among offenders, knows no distinctions of class, race, religion, or occupation, this behavior, whenever and however it occurs, is clearly wrong and must be condemned in the strongest terms. The life-long effect that such a behavior can have on a child must not be underestimated.

As knowledge about the roots of this disordered behavior increases, we pledge to seek the most sound advice possible, in order aggressively to protect the innocent, treat the perpetrator, and safeguard our children.

It is the policy of the church to use every possible means to prevent an occurrence of sexual or other abuse of children by any person engaged to do the work of the church in any capacity whatsoever. The church is committed to the implementation, and constant refinement and improvement, of procedures to educate our people about the nature of this problem, and to select and determine more effectively those who will be given any responsibility for dealing with children or other vulnerable persons in the name of the church. Furthermore, we commit ourselves to alleviate as far as we are able, the suffering of all persons who may be affected should such an incident occur.

In our attempt to deal with this most grievous problem, and more importantly, to prevent it, we pledge a course of action which will include the following:

- To educate all those involved in the appointment, hiring, or retention processes about procedures designed to prevent the exposure of unit persons to children or others who may be vulnerable.
- To respond promptly to all allegations of abuse.
- If such an allegation is supported by sufficient evidence, to relieve the alleged offender promptly of his or her duties and refer him or her for the appropriate medical evaluation or intervention.
- To comply with the obligations of civil law in reporting the incident and cooperating with the investigation.
- To reach out to the victims and to all persons affected by the incident and communicate our sincere commitment to their spiritual and emotional well-being.
- Within the confines of respect for the privacy of the individuals involved, to deal as openly as possible with members of the community about the incident.

It is essential that every person engaged to do the work of the church, whether clergy, employee, or volunteer, adhere to, support and actively assume responsibility for the execution of these policies as a condition of his or her acceptance of any responsibility whatever in the name of the church, or any departments or agencies.

Selection of Workers

All persons who desire to work with the children participating in our programs and activities will be screened. This screening includes the following:

a) **Six Month Rule**

No applicant will be considered for any position involving contact with minors until she/he has been involved with First Assembly of God, NLR for a minimum of six (6) months. This time of interaction between our leadership and the applicant allows for better evaluation and suitability of the applicant for working with children.

b) **Written Application**

All persons seeking to work with children must complete and sign a written application in a form to be supplied by us. The application will request basic information from the applicant and will inquire into previous experience with children, previous church affiliation, reference and employment information, as well as disclosure of any previous criminal convictions. The application form will be maintained in confidence on file at the church.

c) **Personal Interview**

Upon completion of the application, a face-to-face interview may be scheduled with the applicant to discuss his/her suitability for the position.

d) **Reference Checks**

Before an applicant is permitted to work with children, at least two of the applicants' references will be checked. These references should be of an institutional nature as opposed to personal or family references, preferably from organizations where the applicant has worked with children in the past. Documentation of the reference checks will be maintained in confidence on file at First Assembly of God, NLR .

e) **Criminal Background Check**

A national criminal background check is required for all employees (regardless of position) and for the following categories of volunteers:

- Those who will be involved in our school/preschool/daycare center;
- Those who will be involved in overnight activities with children;
- Those counseling children;
- Those involved in one-on-one mentorship of children; and
- Those having occasional one-on-one contact with children (such as, church sponsored athletic team coaches and vehicle drivers).

Before a background check is run, prospective workers will be asked to sign an authorization form allowing the church to run the check. If an individual declines to sign the authorization form, s/he will be unable to work with children.

What constitutes a disqualifying offense that will keep an individual from working with children will be determined by the pastoral staff on a case-by-case basis in light of all the surrounding circumstances. Generally, convictions for an offense involving

children and/or for offenses involving violence, dishonesty, illegal substances, indecency and any conduct contrary to our mission will preclude someone from being permitted to work with children. Failure to disclose a criminal conviction on the application form will also be a disqualifying event.

The background check authorization form and results will be maintained in confidence on file at First Assembly of God, NLR.

Two Adult Rule

It is our goal that a minimum of two unrelated adult workers will be in attendance at all times when children are being supervised during our programs and activities. Some youth classes may have only one adult teacher in attendance during the class session; in these instances, doors to the classroom should remain open and there should be no fewer than three students with the adult teacher. We do not allow minors to be alone with one adult on our premises or in any sponsored activity unless in a counseling situation.

Procedure

Response to allegation of child abuse

1. RECEIPT OF COMPLAINT OR ACCUSATION OF SEXUAL OR OTHER PHYSICAL ABUSE OF A MINOR BY SOMEONE CONNECTED WITH THE CHURCH.
 - a. If the source is anonymous, try to obtain enough information (names, addresses, telephone numbers of persons having knowledge) to permit an investigation.
 - b. If the source is the victim, or parents of the victim, obtain name, address, telephone number, and assure them that they will be contacted by a representative of the church.

2. NOTIFY YOUR IMMEDIATE SUPERVISOR, PASTORS OR ADMINISTRATORS.
 - a. Assure that the requirements of the state Dept. of Human Services Act 1208 (see appendix) are complied with.
 - b. Information should include: name, address, telephone number and age of victim, together with the name, address, and the telephone number of parents of the victim, the nature of the injuries, and the name, address of the alleged perpetrator.
 - c. Church officials will assure compliance with the reporting requirements of the Dept. of Human Services.

3. ANYONE ACCUSED OF SEXUAL OR OTHER PHYSICAL ABUSE OF A MINOR WILL BE NOTIFIED OF THE

ACCUSATION AND IMMEDIATELY PLACED ON ADMINISTRATIVE LEAVE PENDING INVESTIGATION.

4. THE ACCUSED PARTY WILL BE ADVISED TO OBTAIN HIS/HER OWN INDEPENDENT COUNSEL.

Appendix

Definitions

Minor In both canon and civil law, a minor is any person under eighteen (18) years of age. In canon law, a minor is anyone who habitually lacks the use of reason.

Abuse In criminal law, child abuse is any harm or threatened harm to a child's health or welfare, including damage to his physical or emotional welfare resulting from non-accidental physical or mental injury, sexual abuse, sexual exploitation, or negligent treatment or maltreatment. Sexual abuse includes rape, incest and lewd or indecent acts or proposals. Sexual exploitation includes allowing prostitution or pornography.

Mandatory Reporting Law of the State of Arkansas, Act 1208 Section 3

Child Protective Services – Hotline 1-800-482-5964

SECTION 3. Notification. (a) Any person with reasonable cause to suspect child maltreatment, or that a child has died as a result of child maltreatment, or who observes a child being subjected to conditions or circumstances which would reasonably result in child maltreatment may immediately notify central intake or law enforcement.

- a. "Severe Maltreatment" means sexual abuse, sexual exploitation, acts or omissions which may or do result in death, abuse involving the use of a deadly weapon as defined by the Arkansas Criminal Code, bone fracture, internal injuries, burns, immersions, suffocation, abandonment, medical diagnosis of failure to thrive, or causing a substantial and observable change in the behavior or demeanor of the child except that the child is being furnished with treatment by a spiritual means alone, through prayer, in accordance with the tenets and practices of a recognized religious denomination by a duly accredited practitioner thereof in lieu of medical treatment.

STATEMENT OF UNDERSTANDING AND CONSENT

The undersigned represents that he/she has received, read, and understood the stated policy and procedures of the church with respect to the sexual or other physical abuse of children, that he/she agrees to strictly adhere to and actively support these policies and procedures as a condition of his/her employment or appointment.

The undersigned specifically understands that a background investigation may be conducted by First Assembly of God Church, by whom the undersigned is being considered for employment or appointment as a condition of the appointment or retention of the undersigned. Accordingly, the undersigned specifically consents to the release of otherwise confidential information and records concerning the undersigned by any government or law enforcement agency, and by any former employer or supervisor of the undersigned, to the church, and does hereby further consent to the use of such information by the church, in considering my fitness for employment or appointment. It is understood that such information shall be treated by the church as strictly confidential, and shall be used only for the purpose of considering my appointment or retention. It is further understood that the consent is not intended to permit or include the release of any records or information obtained or compiled by any attorney, physician, counselor or other health care professional in the course of performance of any professional services for or on behalf of the undersigned.

DATED this _____ day of _____, 20____.

Signature

Printed Name

Children/Youth Ministry _____
Position Sought/Held

BACKGROUND QUESTIONNAIRE CONCERNING SEXUAL ABUSE

1. Have you ever been convicted of a crime of sexual abuse, physical abuse, sexual harassment or exploitation?

___ Yes ___ No

2. Has any allegation or civil or criminal complaint ever been made against you relating to sexual abuse, sexual harassment or exploitation or physical abuse?

___ Yes ___ No

3. Have you ever terminated your employment or had your employment terminated for reasons related to allegations of sexual abuse or physical abuse by you, or relating to civil or criminal complaints for sexual or physical abuse brought against you by others?

___ Yes ___ No

4. Have you ever received any medical treatment, physical or psychological, for reasons involving your physical or sexual abuse of others?

___ Yes ___ No

If you answer yes to any of the above four questions, you will be asked to execute an authorization for an investigation and the release of information concerning your response.

Date _____ Name of Institution: First Assembly of God, NLR

Signature: _____ Printed Name: _____

Position Sought/Held: Children/Youth Ministry

WHEN COMPLETED, THIS DOCUMENT SHALL BE KEPT IN A SEPARATE, CONFIDENTIAL FILE MAINTAINED BY THE PASTOR OR ADMINISTRATOR. THIS DOCUMENT IS NOT TO BE KEPT IN A PAYROLL OR OTHER PERSONNEL FILE.

Authorization For Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment. This information should be addressed to:

First Assembly of God North Little Rock, Inc.
4500 West Commercial Drive
North Little Rock, AR 72116

I understand that the name of any confidential informants, or other information which does not pertain to the applicant or alleged perpetrator, will not be released.

Applicant's Name (Print or Type)

Social Security Number

Maiden Name/Aliases

Full Name / DOB children

Race Age/DOB

Full Name / DOB children

Present Address:

Full Name / DOB children

From: _____ To: _____

Full Name / DOB children

Past Address(es):

Full Name / DOB children

From: _____ To: _____

From: _____ To: _____

Applicant's Signature

From: _____ To: _____

County of _____ State of Arkansas Acknowledges before me this _____ day of _____ 20____.

My commission expires: _____.

Notary Public