



Pine Ridge

Presbyterian Church

PINE RIDGE PRESBYTERIAN CHURCH SCREENING FORM FOR VOLUNTEER AND PAID STAFF

The disturbing and traumatic rise of physical and sexual abuse has claimed the attention of our nation and society. The following policies reflect our commitment to provide care of all children, youth, and volunteers who participate in Church sponsored activities.

1. Adults who have been convicted of either sexual or physical abuse should not provide service in any Church sponsored activity or program for children or youth.
2. Survivors of sexual or physical abuse need the love and acceptance of this Presbyterian church family. Individuals who have such a history are invited to discuss their desire to work with children or youth with a pastor prior to engaging in any service.
3. Adults working alone (without another adult) with children or youth should, as soon as feasible, report that fact to their immediate supervisor or to the pastor.
4. Adults should immediately report any behaviors which seem abusive or inappropriate to their supervisor or to the pastor.

Please answer each question. Your response will be kept fully confidential.

1. As a Church volunteer or paid staff member, do you agree to observe all Church policies regarding working with youth or children? yes _____ no _____
2. Have you ever been convicted of, or pleaded guilty to, a felony involving child abuse?
yes _____ no _____ (If yes, please describe on the back of this form or on a separate sheet of paper.)
3. Have you ever been a victim of abuse or molestation? yes _____ no _____ (If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the Church pastor, a minister of the word. Answering "yes", or leaving the question unanswered will not automatically disqualify you for work. Regardless of how you choose to answer, your response will be completely confidential.)
4. Have you received a copy of the CHILD/YOUTH PROTECTION POLICY of the Church?
yes _____ no _____
5. Have you read the CHILD/YOUTH PROTECTION POLICY and understand what is expected and required of you?
yes _____ no _____

Adults who work with children or youth are notified that the Church intends to request an examination of the Central Registry for Child Abuse from the State of Missouri, Division of Family Services, and/or Abuse Hot Line in the State of Kansas, or any other appropriate agencies for information about reports of abuse or neglect concerning a present or prospective staff member or volunteer.

Signature

Date

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **Pine Ridge Presbyterian Church**, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., (“Protect My Ministry”), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry’s privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN (required) _____

D/L or STATE ID (required) _____

EMAIL ADDRESS (required) _____

For identification purposes only, please provide FULL DOB **(required)** _____

TODAY’S DATE _____

Signature (required) _____