

COWEE BAPTIST CHURCH
OVERVIEW of the Policy for Working with Children and Youth

Getting started:

- 1. Complete the application form**
- 2. Sign the background check authorization form**
- 3. Have at least 2 of your references fill out the reference form and submit it with your application**

Who does this apply to?

- This policy covers both paid and volunteer children and youth workers.
- Children and youth (minors) are defined as persons under the age of 18.

How does the enlistment process work?

- You must be a church member for at least 6 months. Exceptions may be made in the case of active participants in Cowee Baptist's fellowship for a minimum of six months.
- Complete the required application forms and releases for background and sex-offender checks.
- A minister or designated leader responsible for that particular area may interview children and youth volunteer workers. References provided by an applicant may be checked.
- After these steps are completed and there is no cause to prevent the person from working with children and/or youth, the individual will be eligible to serve (some positions also require an affirmative vote in a church business meeting).
- The services of a worker may not be accepted if the results of the background check show that the person has ever been convicted of certain crimes.
- An applicant may appeal a decision or request to review their background check.

What will be expected of me?

- Physical punishment of any kind is never appropriate in the church setting.
- Children and youth workers are to work in pairs or teams (preferably unrelated) when children and youth are not in an open setting (this also applies to transporting youth). Youth workers may work without a second adult present if there are at least 3 youth present and the meeting is in an easily observable place.
- One adult worker may not take a group of children or youth out for an activity. Two adult workers must always be present.
- A worker should never be alone with a child in a bathroom with the door closed and never be in a closed bathroom stall with a child.

If you accept a position please familiarize yourself with the complete policy for the prevention of child abuse – it contains information of value to you and your students.

Church Address:
6301 Bryson City Rd.
Franklin, NC 28734

Church Telephone: 828-524-3469
Fax: 828-524-5687
office@coweebaptit.org

Cowee Baptist Church

Confidential Volunteer Application Form

This application is to be completed by all applicants for any position involving the supervision of minors. It will help our church family provide a safe and secure environment for children and youth.

Personal

Last Name _____ First Name _____ Middle Initial _____

Present Address _____

City _____ State _____ Zip _____ Date _____

Email _____ Marital Status _____

Home Phone (_____) _____ Work Phone (_____) _____

Occupation _____

Do you have a current driver's license? No Yes: License number _____ State _____

Have you ever been charged with, indicted for, or pled guilty to an offense involving a minor? No Yes

If yes, please describe all convictions for the past five years. _____

Were you a victim of abuse or molestation while a minor? No Yes

- If you prefer, you may refuse to answer this question.
- You may discuss your answer in confidence with one of the ministers rather than answering on this form.
- Answering yes or leaving the question unanswered will not automatically disqualify you.

Church

_____ When did you make your profession of faith in Christ?

_____ When were you baptized? List any gifts, callings, training, education, or other factors that have prepared you for teaching. _____

Are you a member of this church? No Yes If yes, how long have you been a member? _____

1. If no, list your church membership contact information in the first church selection on the back of this form.
2. Please list other churches you have attended regularly during the past five years.
3. Include the type of work involving children that you performed.

Church History

- Church (Membership) Name _____
Church Address _____ Church Phone (_____) _____
City/State/Zip _____
Type of work involving Children _____ Dates of Service _____
- Church Name _____ Dates of Service _____
Church Address _____ Church Phone (_____) _____
City/State/Zip _____
Type of work involving Children _____

References

- Personal References (not relatives). Please give at least 2 references (that you list here) the attached reference form to complete and return with your application.

Name	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Statement (Please read and initial each statement.)

- _____ The information contained in this application is correct to the best of my knowledge.
- _____ I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with children.
- _____ I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice.
- _____ I waive any right I may have to inspect references provided on my behalf.
- _____ Should my application be accepted, I agree to be bound by the bylaws and policies of this church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.
- _____ I further state that I have carefully read the forgoing release and know the content there of and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ **Date** _____

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Cowee Baptist Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Cowee Baptist Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**** Cowee Baptist Church** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Name of Applicant _____

Reference Name _____

Address, City, State, Zip _____

Reference Telephone Number and/or Email _____

1. Describe your relationship with this person. _____

2. How long have you known this person? _____

3. Have you ever observed the applicant working with preschoolers/children/youth? If so, what was your impression?

4. Do you know any reason why the applicant should not work with preschoolers, children or youth?

5. Do you recommend this person to work with children/youth? Why or why not?

6. Is this person eligible to work with your organization's children again in the future? If no, why not?

Please use the following scale to respond to the following questions:

1 – low 2 – below average 3 – average 4 – very good 5 – excellent

7. How would you rate his/her ability in the following:

Involvement in peer relationships?	1	2	3	4	5
Emotional maturity?	1	2	3	4	5
Resolving conflict?	1	2	3	4	5
Following through with commitments?	1	2	3	4	5
Ability to relate to students?	1	2	3	4	5
Spiritual maturity?	1	2	3	4	5

8. What are the applicant's greatest strengths?

9. Comments:

Thank you very much for your cooperation.

Reference Signature: _____ Date: _____