

# Child Protection Policy

## For New River Community Church of God

New River Community Church of God holds a trusted place in the community, and is involved with both children and young people. We take seriously our responsibility to protect the well-being of every person in our community, of whatever age. We believe it is important that each of us prevent the physical, sexual or emotional abuse of every member of our community, and particularly those most vulnerable, including children and young people. As the people of New River Community Church of God we are concerned with the wholeness of each individual within God's purpose for everyone. We seek to safeguard all members of the church community, of all ages. It is the responsibility of each one of us to prevent the physical, sexual or emotional abuse of children and young people. It is the duty of a person working with children and young people to prevent abuse and report any abuse discovered or suspected.

1. It is therefore a requirement of all those who work with children and young people, under the auspices of New River Community Church of God, that they agree to a **criminal history background check**, to prevent harm and abuse of any and every kind, and to report any abuse discovered or suspected.
2. Churches can significantly reduce their risk of legal liability for negligent selection (and the likelihood that an incident of abuse or molestation will occur) by having every applicant for youth work (volunteer or compensated) complete a **“screening application.”** At a minimum, the application should ask for the applicant’s name and address, the names of other youth-serving organizations in which the applicant has worked as an employee or volunteer, a criminal record check, a full explanation of any prior criminal convictions, and the names of two or more references. The application should be completed by every applicant for any position involving the custody or supervision of minors. The application should also be completed by current employees or volunteers having custody or supervision over minors.
3. Ensure that **every situation involving minors includes two adults**. This minimizes the opportunity for anything harmful to happen to a child or a false allegation of abuse from a child.
4. Make paid and volunteer appointments conditional on the successful completion of a **probationary period**.



## SCREENING FORM FOR THOSE WORKING WITH MINORS

This form is to be completed for any position (paid or volunteer) involving the supervision or care of minors or the mentally handicapped. This is being used to provide a safe and secure environment for the activities or programs of the church.

Name \_\_\_\_\_  
Last
First
Middle
Maiden

ID or DL# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (Identity MUST be confirmed with a driver's license or DPS identification card.)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

If less than one year:  
 Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse? \_\_\_\_yes \_\_\_\_no. If yes, please explain on back or separate sheet.

### Personal References (3)

Reference 1	Reference 2	Reference 3
Name	Name	Name
Address	Address	Address
City	City	City
State/Zip	State/Zip	State/Zip
Phone	Phone	Phone

An attachment of a photograph of the applicant will be made to this document if approved as a volunteer or paid staff member of New River Community Church of God, Inc. Photograph shall be updated every 2 years or as needed.

I understand that in serving as a volunteer or in a paid position for New River Community Church of God, Inc. that I am willing to abide by the Policies & Procedures of the Church to reduce the risk of Child Abuse in this church. I understand that child abuse is a serious matter and will do my part in the prevention of child abuse while serving New River Community Church of God, Inc.

---

Signature of Worker

Date

I do not know of any reason why my child should not serve as a Teen Worker with Minors. They do not demonstrate any signs of being a potential risk to the church.

---

Signature of Parent/Guardian  
(If applicant is under 18 years old)

Date

## WORKER'S STATEMENT

The information contained in this screening form is correct to the best of my knowledge. I authorize any references to give you any information, including opinions, which they may have regarding my character and fitness for work with minors or the mentally handicapped. Each reference will be asked to submit the name of one person to be used as a reference. In consideration of the receipt and evaluation of this application by (your name)

\_\_\_\_\_, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me or my references in this screening form.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of New River Community Church of God, Inc. and to refrain from unscriptural conduct in the performance of my services on behalf of New River Community Church of God, Inc.

I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Print Witness Name \_\_\_\_\_ Date \_\_\_\_\_

Witnesses' Signature \_\_\_\_\_

# CRIMINAL RECORDS CHECK AUTHORIZATION

I hereby give my permission for New River Community Church of God, Inc. to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication's. I understand that this information will be used, in part, to determine my eligibility for an employment or volunteer position with New River Community Church of God, Inc. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I also understand that, by law, I may see a copy of the transcript, for its review, but may not receive a copy of the document in any fashion or form.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify New River Community Church of God, Inc. and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims, demands, whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or employee of New River Community Church of God, Inc.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Print Witness Name \_\_\_\_\_ Date \_\_\_\_\_

Witnesses' Signature \_\_\_\_\_

# CRIMINAL RECORDS CHECK

Full Name \_\_\_\_\_  
Last First Middle Maiden

Sex: (please indicate) Male \_\_\_\_\_ Female \_\_\_\_\_

Race: (please indicate)

W B I A H O  
White Black American Indian Asian/Pacific Islander Hispanic Other

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_yes \_\_\_\_\_no

Are there any legal charges pending against you? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The signature represents my current legal name and any previously used names are listed below:

Additional names: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date