



Child Protection Policy/Background Check

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MUST BE COMPLETED BY EVERY TRIP PARTICIPANT

POLICY SUMMARY

Please fill in all the blanks.

The disturbing and traumatic rise of abuse has claimed the attention of our nation and society. The following policies reflect Forest Hill Church's (FHC) commitment to provide protective care to everyone who participates in church-sponsored activities. A complete policy statement is available upon request.

It is the mission of Forest Hill Church to make disciples of Jesus Christ. In keeping with that purpose, this policy seeks to assure that FHC is continually working toward providing an environment safe from physical, emotional and sexual abuse for those participating in, receiving and providing its ministries.

1. Adults who have been convicted of abuse should not volunteer services in any church-sponsored activity or program for children, youth or vulnerable adults.
2. Adult survivors of childhood abuse need the love and acceptance of this church family. Individuals who have such a history should discuss their desires to work with children or youth with one of the pastoral staff prior to engaging in any volunteer service.
3. All providers working with children, youth and vulnerable adults are required to be regular attendees of FHC for a minimum of six (6) months and agree to follow up with references and a background check.
4. All paid staff members working with children, youth or vulnerable adults will have a background check and references verified before employment begins.
5. All providers should observe the "two leader/open door" rule, which requires an adult working with children, youth or vulnerable adults to be accompanied by another leader and provide visual access to the room.
6. All providers should have no one-on-one contact with children or youth, without prior parental approval and notification of pastoral designate.
7. All providers should immediately report suspected or inappropriate behaviors to their supervisor or pastoral staff.
8. All providers are required to be familiar with our policy and procedures regarding abuse.
9. We welcome infectious disease sufferers with love and acceptance. However, no one who has tested positive with an infectious disease will be permitted to work in our children's ministry.

I have read and agree to observe all policies stated. I also pledge that all information I have given is true.

Signature of applicant _____ Date _____



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Please answer each question below. Your response will be kept fully confidential. If for any reason you prefer not to answer these questions in writing, you may discuss your answers in confidence with the pastoral designate.

1. Have you ever been convicted of or pleaded guilty to physical or sexual abuse? Yes No
If "yes" please explain fully. Attach a separate sheet, if necessary.

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

3. Identify any criminal convictions other than minor traffic offenses:

4. List (names and addresses) of other churches or organizations with whom you have served in ministry to children or vulnerable adults during the past 5 years.

Name of Church/Organization

Address

City State Zip

Contact name Phone

Area of Ministry

Name of Church/Organization

Address

City State Zip

Contact name Phone

Area of Ministry

Name of Church/Organization

Address

City State Zip

Contact name Phone

Area of Ministry



PERSONAL REFERENCES

Please fill in all the blanks. (Please do not list family members.)

Name Phone

Address

City State Zip

How long known? In what capacity?

Name Phone

Address

City State Zip

How long known? In what capacity?

Name Phone

Address

City State Zip

How long known? In what capacity?



CRIMINAL BACKGROUND CHECK VERIFICATION FORM

Instructions

Please complete all of the items below (provide addresses for the past 10 years—use a separate sheet if necessary). Please read the “applicant’s statement” before answering any of the questions. Sign the application and return it to the church office. PLEASE PRINT ALL INFORMATION.

Last Name First Name Middle/Maiden Name

Current Address

City State Zip County

Prior Address

City State Zip County

Prior Address

City State Zip County

Prior Address

City State Zip County

Social Security # Date of Birth (mo/day/yr)

Drivers License # State Male or Female

Applicant’s Statement

I have read, understood and agree to the following: The background information that I supply in connection with my application will be verified to insure that the information that I provide is accurate in every way. The information to be verified includes any and all information supplied on any application form and information provided in any conversation or interview with any representative of the Church. This may include discussions with references (personal or business) that I provide. I authorize the Church and its agents to conduct a thorough inquiry into all areas deemed necessary: all driving and criminal public record information relating to my application may be examined. I specifically release criminal information repositories and courts, law enforcement agencies, personal and professional references from any liability so that they may freely and completely respond to any inquiry relating to my application. For release purposes, a facsimile, or photocopy, of this document will be as valid as the original.

Signature of applicant _____ Date _____

All information gathered will be kept confidential and will only be viewed by those who need to know the information.



CHILD PROTECTION INTERVIEW FORM

Date

Name of Volunteer

Phone Email

Volunteer Position

Global Missions Trip

How long have you attended Forest Hill Church?

Staff Printed Name _____

Staff Signature _____

This form must be signed by a FHC Staff person, a LifeGroup leader or a person in leadership at FHC, acknowledging that they have known you for 6 months or longer.