



# New Creation United Methodist Church (NCUMC)

## Application For Workers with Children and Youth at NCUMC

A Huge Thanks for being willing to step out in faith and serve our Children and Youth! You're like a modern day super hero for Kids!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### WHAT'S THE PURPOSE OF THIS?

Basically it's to Protect our kids/youth, you, and the church. This packet will walk you through the rules, guidelines, and basic procedures in dealing with our Youth Safety. Please read it carefully.

NCUMC follows the standards of Safe Boundaries in order to protect our youth and children, our most important assets. This is mandatory for all counselors and those who interact with youth and children. This document does 3 things:

1. **Protects our Children and Youth-** by helping us to ensure that we provide these kids with a safe and loving environment. These kids can trust the adults because we've checked them out.
2. **Keeps You Informed-** of rules, procedures, and guidelines so that you can help us protect the kids and understand how to protect yourself from possible situations.
3. **Builds Better Community-** by helping to create a safe place for kids, give confidence to parents that their children/youth are taken care of, and reaffirm visitors that this place is dedicated to helping kids grow in God's abundant love.

### Date Completed

- \_\_\_\_\_ Completed "Application for Workers with Children and Youth"
- \_\_\_\_\_ Complete Background Check
- \_\_\_\_\_ Read and Sign the "NCUMC Child and Youth Protection Policy"
- \_\_\_\_\_ Read and Sign the "Covenant for Working w/Children and Youth"
- \_\_\_\_\_ Signed "Driver's Application Form" *(with a copy of your driver's license)*

**IMPORTANT:** Application form (page 2 and 3) is due prior to working with children and youth. The whole packet along with a full background is due 1 month after you receive the packet or we will unfortunately have to take you off our children/youth ministries team .

**YOUR PACKET IS DUE:** \_\_\_\_\_

**WHERE DO TURN IN MY PACKET?** Once everything is completed and signed return all documents to the head of Children/Youth Ministries at New Creation United Methodist Church or church office in a sealed envelope marked Children/Youth Ministries with your name at the top.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# NCUMC BACKGROUND CHECK

## For Workers with Children and Youth at NCUMC

### Permission to Obtain a Background Check

(This form authorizes the church/organization to obtain background information and must be completed by the applicant.)

In the interest of safety and security I, the undersigned applicant (also known as "consumer"), authorize

\_\_\_\_\_ through its independent contractor, Sterling Infosystems, to procure background information  
(Insert church name)

(also known as a "consumer report and/or investigative consumer report") about me, prior to, and at any time during, my service to the organization. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the state sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to \_\_\_\_\_, if such is made within a reasonable time from the date it was  
(Insert church name)

produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please keep the top portion of this form on file for up to seven years. The bottom portion may be shredded or given back to the applicant after the report has been ordered.)

### Identifying Information for Background Information Agency

(also known as "Consumer Reporting Agency")

Print Name: \_\_\_\_\_  
First Middle Last

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

**NY Applicants Only:** I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

**California Applicants and Residents:** If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. I understand that I can access the following website - <http://sterlinginfosystems.com/privacy> - to view STERLING'S privacy practices.

Sterling Infosystems, Inc. | 249 W 17th St. 6th Floor, New York, NY 10011 | 877-424-2457 | or | 5750 West Oaks Boulevard, Ste. 100 Rocklin, CA 95765 | 800-943-2589 | or | 629 Cedar Creek Grade, Winchester, VA 22601 | 866-266-3444



# New Creation United Methodist Church (NCUMC)

For Workers with Children and Youth at NCUMC

**This application is to be completed by all those desiring a ministry position (volunteers/staff) involving the supervision of or interaction with minors. It is used to help the church provide a safe and secure environment for the children and youth who participate in the programs at NCUMC.**

Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
*First and Last Name*

Address: \_\_\_\_\_  
*City State Zip*

How long at this address?: \_\_\_\_\_ If less than 5yrs, give previous address and number of years

Previous Address: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Male  Female Birthdate: \_\_\_/\_\_\_/\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Emergency Contact (other than Parents/Spouse): \_\_\_\_\_  
*First and Last Name Phone*

If under 18... Parents Info: \_\_\_\_\_  
*Name(s) Phone*

Write a brief description of your faith:

How long have you attended NCUMC? *(if less than 6 months, list previous church and city/name)*

Are you a member of New Creation United Methodist Church? Y / N Date of Baptism: \_\_\_\_\_

List any leadership/volunteer experiences you have had with children:

List any training or education that has prepared you to work with children:

List any other ministries at church or outside of church you are involved in:

Circle Any skills that you good at or would enjoy doing

Nature Awareness, Group Leadership, First Aid, Worship, Organization, Food, Arts and Crafts, Games, Music, Planning, Small Group Leader, Event Driver, Fine Arts, Recreation, Writing, Training Leaders, Office Help.

**Age/Grade Preference:**

Babies to Preschool     K-5<sup>th</sup> Grade     Junior High     High School

**Activity Preference:**

Small Group     Youth Group     Mentor     Special Events (list): \_\_\_\_\_

**Provide Three References:**

List three local personal references (must be 18 years old and not related to you)

1. Name: \_\_\_\_\_ Relation to You: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relation to You: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Relation to You: \_\_\_\_\_

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

In caring for children and Youth at NCUMC, we believe it is our responsibility to seek volunteers/staff who are able to provide healthy, safe, and nurturing relationships. Please answer the following questions accordingly. Please understand that the information provide in this application may be reviewed by others on staff at NCUMC. Any special concerns can be discussed with the staff here at NCUMC.

Are there any circumstances in your past that would call into question your ability to work with children and to model a Christ like character to them (i.e. addictions, adultery, pornography, abuse)? YES / NO

Have you ever been accused or convicted of the use or sale of illegal drugs? YES / NO

Have you ever used illegal drugs? YES / NO

Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse? YES / NO

Have you ever been charged with a misdemeanor or felony? YES / NO

Have you ever been accused or convicted of any crime against children or other persons? YES/ NO

Have you ever been accused or convicted of any form of sexual, physical, mental, emotional, spousal, verbal, or child abuse to another person? YES / NO

Do you have any health issues that could place the children at risk? YES / NO

I certify that the facts contained on this Statement of Disclosure are true and complete to the best of my knowledge and understand that, falsified statements on this disclosure shall be grounds for dismissal. I authorize investigation of all statements contained herein. I understand that a background inquiry will be made to the Department of Justice and/or other agencies or individuals necessary to verify this information.

If you answered yes to any of the above questions, please attach an explanation to each one.

I understand that prior to the completion of the background check; NCUMC may deny unsupervised access to children and youth. I understand I am entitled to: Obtain a copy of any background check report.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# NCUMC CHILD PROTECTION POLICY

For Workers with Children and Youth at NCUMC

## WELCOME! THANKS SO MUCH FOR HELPING W/CHILDREN AND/OR YOUTH!

First off we would like to say you're awesome and thank you for your Interest in working with Children and Youth. This protection policy is important to us as it helps protect our children and youth, you (the volunteer and/or staff), and the church. We ask that you carefully read over the whole Protection Policy, after each page initial the bottom, and sign the last page to indicate that you have read the document and accepted the procedures, rules, and regulations. Thanks so much for helping us to protect our children and youth.

Our expectation for volunteers/staff working with children and youth is that you would be a role model to students and a living illustration of what it means to be walking with Christ; and living in obedience to him. We believe that in order to build strong children and youth, we must have leaders that set the example.

## A Commitment to Children and Youth

I, \_\_\_\_\_ am committed to serve as a counselor of the Student Ministries, for the school year of \_\_\_\_\_. I understand that my personal conduct is directly related to the success of this ministry, so I will be responsible in my actions and live my life out as a follower of Christ. All my communications/interactions with youth or children during church related activities and outside of church related activities is seen as a representation of New Creation United Methodist Church (NCUMC) and this ministry and should be to provide mentorship, spiritual guidance, and/or Christian leadership to them. My spiritual life will be an example to these kids/youth of how to live for Christ and I am committed to growing and maturing my relationship with God through personal study, active church attendance, and involvement in accountability small groups. As a follower of Christ I am called to love all and here at NCUMC we welcomes all persons as Christ did regardless of age, race, gender, sexual orientation, cultural background, physical or mental health, family status, or financial circumstances. I understand that my first responsibility is to ensure the safety and well-being of the students. I will participate in children/youth activities to the best of my ability (*including trainings, meetings and events*), respect my fellow counselors and leadership, and be the best representative of Christ that I can be.

## Our Basic Rules

I understand that how I interact with children/youth within the ministry during church related activities (ex: Sunday School, Small Groups, Gathering, Camps, Worship, and etc.) and outside of church related activities is seen as a representation of the ministry and of New Creation United Methodist Church and that I can be held accountable for my actions even when not at a church related activity if it affects NCUMC or its ministries.

I agree to follow the guidelines of New Creation UMC as well as local, state, & national laws.

- NO alcohol, drugs, or sexual misconduct at any student ministry event. (*Grounds for immediate dismissal*)
- Will in NO way Abuse another *individual (student, counselor, or other individual)*, Mental/Emotional/Verbal, Sexual, and Physical. (*Grounds for immediate dismissal from the ministry*)
- NO smoking on campus or at any student ministry events.
- NO dating, flirting, or inappropriate touching of any of the children, youth, or any of the participants and will keep my relations with them purely counselor/mentor based. (*Grounds for immediate dismissal*)
- Uphold all safety regulations and rules covered in guidelines and trainings
- Be with students at all times when on duty but never alone with a child or youth.
- Staff relationships with other staff members will not interfere in ministering to youth.
- All language will express mutual respect, No foul language or put downs will be permitted.

## Discipline

We believe in God's Grace and will extend it to each individual, but for general purposes here is how we handle occurrences. Minor violations of rules outlined here, in covenant, or verbally will result in a warning, 3 warnings before asked to leave the team. Major violations/ laws broken, use of drugs, alcohol, sexual misconduct, or abuse of any kind are grounds for immediate dismissal

Initial: \_\_\_\_\_

# Child Abuse and Neglect

## i. DEFINITION OF ABUSE

According to the California law, every person who has reason to believe that a child under the age of 18 has been abused is mandated to report the suspected abuse. Volunteer leaders and workers are no exception.

California law defines child abuse as any of the following:

- A child is physically injured by other than accidental means
- A child is subjected to willful cruelty or unjustifiable punishment
- A child is abused or exploited sexually.
- A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care, or supervision

## ii. MAKING A DETERMINATION OF CHILD ABUSE

Whether a child gives indication of abuse through behavior, physical condition, or verbal communication, the staff person and/or volunteer should be sensitive to the conflict and trauma the child has experienced.

- Do not, panic or overreact to what the child / youth disclose.
- Do not criticize the child/youth or claim that the child/youth misunderstood what happened.
- Do not promise not to tell anyone, but respect the child/youth's privacy. Assure the child /youth that you will keep the disclosure in limited confidentiality discussing it only with adults in charge who need to be involved in the reporting process. Follow through on this assurance for the protection of the child / youth's dignity.
- Avoid interviewing the child/youth repeatedly, but encourage him or her to be willing to share with other adults who will act to provide help.
- No staff or volunteers should confront a parent or parents or suggest any suspicion of child abuse.
- Inappropriate sexual advances should not be confused with physical contacts which are appropriate expressions of affection and concern.

## iii. REPORTING SUSPECTED CHILD ABUSE

At any NCUMC event, if a volunteer/leader/staff person suspects the abuse of a child or youth, whether it may have occurred at the event or prior to the event, that volunteer/leader/staff person should discuss his or her suspicions with the head of the event and/or a pastor. Preliminary information should be reported on the church's Child Protection Screening Form, copies of which can be found in the church school office or church office. Preliminary information should include:

1. The child's name, age, gender, and names of other family members.
2. Address and phone number.
3. Parent's place of employment.
4. Description of the suspected abuse.
5. Current condition of the child or youth

All allegations of child abuse will be taken seriously. It is the responsibility of every staff member and volunteer to report suspected. However, if the staff member or volunteer feels consultation is necessary to determine if their suspicions are reportable, a "Child Care Team" meeting can be called to review the case. The Child Care Team will be composed of a pastor, the head of children/youth ministries, a health care professional and/or the parish nurse, an attorney, and a social worker. All proceedings and decisions will be kept confidential.

If it is determined that the suspicions of child abuse are well founded, a report will be submitted to the Child Protective Services. The proper forms can be obtained from the office manager. Copies of these forms will be kept in a locked file by the office manager.

If the suspected abuser is a staff member or volunteer of the NCUMC, they shall be removed from any situations where direct, private contact with the child/youth could occur. Appropriate measures should be taken by the leadership of the church to preserve a sense of security and normality. This could mean that the suspected person is asked to leave.

Initial: \_\_\_\_\_



# NCUMC COUNSELOR COVENANT

## For Workers with Children and Youth at NCUMC

The Counselor Covenant is here to provide a safe and supportive environment for children and youth and the persons who work with them at NCUMC, to provide a strong and healthy volunteer environment at NCUMC, and to minimize the possibilities of child abuse occurring in connection with NCUMC ministries, when I am working with children or youth as part of a NCUMC ministry.

I, \_\_\_\_\_ (*print name*) agree:

- ❖ To treat all children and youth with respect, courtesy, compassion, and consideration.
- ❖ To treat all children and youth equally regardless of sex, race, religion, culture, mental or health status, financial situation, beliefs, and/or sexual orientation
- ❖ To understand that my relationship with children/youth is primarily to mentor, guide, and/or counsel them for the Glory of God.
- ❖ To use positive techniques of guidance such as redirection, positive reinforcement, and encouragement rather than competition, comparison, physical discipline and criticism.
- ❖ To have age-appropriate expectations, establish guidelines, & environments that minimize the need for discipline.
- ❖ To reframe from any behavior that could be considered abusive to children or youth, including:
 

Physical abuse - striking, spanking, shaking, slapping	Verbal abuse - humiliation, degradation, threats
Sexual abuse - inappropriate touch/verbal exchange	Mental abuse - shaming, withholding love, cruelty
Neglect - withholding food, water, basic care.	
- ❖ To remain at all times with any child under the age of 8 who has been left in my care.
- ❖ To release a child under the age of 8 only to his or her parent, unless specifically instructed otherwise by the parent.
- ❖ To remain in view of others at all times whenever I am working with a child or youth.
- ❖ To check the rest room or ask the Sunday School supervising staff to do so to ensure that it is not occupied by suspicious or unknown individuals before allowing a child under the age of 8 to use a rest room.
- ❖ To leave restroom doors open when assisting a younger child.
- ❖ To conduct or supervise private activities, such as diapering, changing child's clothes, with another adult or where I will be visible to others and to respect children's & youth's rights to not be touched in ways that make them feel uncomfortable and their right to say no.
- ❖ To not give excessive amounts of attention towards a particular youth or child especially of the opposite sex.
- ❖ To refrain from intimate displays of affection towards another adult in the presence of children and youth.
- ❖ To not use profanity, tell inappropriate jokes, make sexual references, use degrading or belittling verbiage, or share intimate details of my personal life in the presence of children or youth.
- ❖ To not date, make romantic gestures/advances, and/or show inappropriate attention to anyone part of NCUMC and its ministries, or NCUMC's partners who are under 18 years of age.
- ❖ To inform the Children and/or Youth Pastor, ministry leaders, and parents/guardians of my communication/interactions with the children/youth
- ❖ To inform the Church leadership or ministry leader if I believe there is any, reason I should not be charged with the care of children or youth, including any physical or psychological condition.
- ❖ To be aware of the health of children 'or youth, noting any fever, bumps, bruises, burns" etc.' and to report any concerns I have about suspected abuse to the Church leadership or the ministry leader in charge.
- ❖ To attend trainings in the recognition of the child abuse, working with children/youth, and to review the policies and procedures regarding the care of children and youth offered.

Anytime that I am scheduled to work with children or youth, if I am under the influence of alcohol, any illegal substance or prescription drug which impairs my ability to work safely with children or youth, I will call and inform the staff that I cannot work and no questions will be asked.

I understand that abiding by these rules and promises is important and necessary to my participation with children and youth as part of NCUMC children and youth ministries. Together we can make a difference in young people's lives.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# NCUMC DRIVERS APPLICATION

## For Workers with Children and Youth at NCUMC

To be eligible as a driver for the church, whether it be in church owned or "non-church owned", vehicles please read & complete the following form (please complete a NCUMC Counselor Covenant if you haven't already):

Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

*First and Last Name*

*(Identity must be confirmed with a state driver's license or other photographic identification.)*

Address \_\_\_\_\_

Male  Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please confirm that the policy you have, has at a minimum the following levels of coverage by initialing here: \_\_\_\_\_

Bodily.....\$250,000 per person \$500,000 per accident Property Damage.....\$100,000 per accident *(initial here)*

\* NCUMC asks that you annually provide the church a copy of your Motor Vehicle Record. *(Available from the local DMV office.)*

- 1. I have never been denied a license, permit, or privilege to operate a motor vehicle. \_\_\_ True \_\_\_ False
- 2. I have never had my driver's license, permit, or privilege suspended or revoked. \_\_\_ True \_\_\_ False
- 3. I have never had automobile insurance denied or cancelled. \_\_\_ True \_\_\_ False

Please attach an explanation of any exceptions or anything you marked as false.

### Driving Requirements:

People who are to be authorized to transport "others" on behalf of the church should be screened to confirm they meet the eligibility requirements of the church. At a minimum, these requirements of every driver should be met.

- 1. 4 years of driving experience *(note: no one under 18 may drive for a youth, children, or church event)*
- 2. Driver needs to be in good health *(that includes not being under the influence of drugs or alcohol, and to be fully rested)*
- 3. Vehicle should be in good, safe running order
- 4. The driver agrees never to transport more persons than there are seat belts or that is safe.
- 5. The driver agrees to require all persons to wear their seat belt(s) anytime the car is in motion.
- 6. The driver is properly licensed to drive the vehicle *(note: California vehicles with 11 or more seats require a special license for legal use.)*
- 7. The driver has a "good" driving record *(which means they have no more than 1 moving violation on their driving record in the last 3 years).*
- 8. The vehicle's owner carries liability insurance on the vehicle to be used, adequate to meet their financial needs as the vehicle's owner. *(Note: In California the Financial Responsibility laws make the owner of the vehicle responsible for its use.)*
- 9. For long trips, the driver agrees never to drive more than 8 hours without adequate rest stops every few hours and no more than 12 hours in a 24 hour period.
- 10. A contingency plan is in effect that assures that only eligible drivers will operate the vehicle, in the case of an emergency *(i.e.: injury, illness, or accident)*

I have read the NCUMC Volunteer Child & Youth Protection Policy and agree to abide by the policies. I will inform NCUMC of any moving violations or at-fault accidents that occur during my tenure as a NCUMC driver whether or not they occur while volunteering, and agree to maintain at least the minimum level of auto insurance on my vehicle if driving, my personal automobile as a volunteer. I understand that at no time is the church responsible for damage or loss to the vehicle being used as that is the responsibility of its owner to insure.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_