

**St. Paul Lutheran Church
Child, Youth and Worker Protection Agreement**

All volunteers working with children, youth or persons with special needs, shall be required to read and complete this form.

As a Christian community, we at St. Paul Lutheran Church have in place a Child, Youth and Worker Protection Agreement to maintain an environment for all that is free from physical, sexual and emotional abuse. As members of this community, we are committed to intervening on behalf of the child, youth or person with special needs if we see abusive behavior happening. Your signature on this agreement is your commitment to adherence to this policy.

Please read the following safeguards which reflect our commitment to provide care to everyone who participates in church-sponsored activities.

1. Adults who have been convicted of either sexual or physical abuse or neglect should not volunteer services in any church-sponsored activity or program that includes children, youth or persons with special needs.
2. Adults who have been violated physically or sexually themselves need the love and acceptance of this church. It is our hope that any previously violated adults who are considering working with children, youth or person with special needs have therapeutically resolved any issues in their past which might negatively impact their work as a volunteer. If these issues are resolved, we offer commendation. If they are not, we pray they will accept our willingness to help by connecting them with a pastor and/or counselor.
3. All volunteers are encouraged to be active, worshipping participants of St. Paul Lutheran Church.
4. Volunteers should observe the "two worker or open door" rule, which requires those working with children, youth or persons with special needs to:
 - a. be accompanied by a partner, or
 - b. provide visual access to the room. (All rooms at St. Paul comply with visual access.)
5. Volunteers must report suspected or inappropriate behaviors to the pastor/DCE.
6. Transportation
 - a. Volunteers will not give rides to children or youth without having filled out a Volunteer Ministries Driver Certification.
 - b. Whenever possible, volunteers should meet youth at events in public places.
 - c. Volunteers must be 25 years of age or older to provide transportation for any youth event and with the knowledge and permission of the church staff.
 - d. Special parental releases are needed if youth will be riding with other drivers under the age of 25.
7. Normally the housing cost of the event is based on QUAD (4 to a room) housing. AT NO TIME, should an adult share the same bed with a youth who is not his/her own child. An air mattress or cot should be requested of the hotel. Since hotel resources are limited, the adult should come prepared with a sleeping bag or air mattress.

PLEASE ANSWER EACH QUESTION BELOW. YOUR RESPONSES WILL BE KEPT CONFIDENTIAL.

If for any reason you prefer not to answer the questions below in writing, you may discuss your answers in confidence with the pastor. An applicant will not automatically be disqualified based on answers to the questions below.

1. As a church volunteer, do you agree to observe the policy and safeguards stated above regarding working with children, youth or persons with special needs?
_____ Yes _____ No
2. Have you ever had any reports of physical, sexual or emotional abuse or child neglect filed against you?
_____ Yes _____ No If you answered yes, Please explain:
3. Have you ever been convicted of a felony, misdemeanor, or gross-misdemeanor?
_____ Yes _____ No If you answered yes, please explain:

I have read the above policy and agree to observe the safeguards listed. I authorize St. Paul Lutheran Church to conduct a criminal background check and ICHAT as required to disclose all criminal history record information to St. Paul Lutheran Church for the purpose of serving as a volunteer.

Signature _____ Date _____

Please Print Name _____

Phone Number _____ Birth Date _____

Volunteer Ministries Application
St. Paul Lutheran Church
Hamburg, Michigan
CONFIDENTIAL

THIS FORM MUST BE COMPLETED BEFORE WORKING WITH CHILDREN, YOUTH, OR PERSON WITH SPECIAL NEEDS OR WITHIN APPLICABLE VOLUNTEER MINISTRY POSITIONS.

St. Paul reserves the right to terminate volunteer staff relationships based on the information disclosed and/or obtained in accordance with Federal law and/or St. Paul Lutheran Church Child, Youth and Worker Protection Agreement.

- | | |
|--|---|
| <input type="checkbox"/> Sunday School Teacher | <input type="checkbox"/> Care Provider for Persons with Special Needs |
| <input type="checkbox"/> Kids Connection Leader | <input type="checkbox"/> Childcare Provider |
| <input type="checkbox"/> Confirmation Retreat Chaperone | <input type="checkbox"/> Adult Leader for Youth Events |
| <input type="checkbox"/> Vacation Bible School Volunteer | <input type="checkbox"/> Faith Milestone Volunteer |
| <input type="checkbox"/> Cub/Boy Scout Program Volunteer | |

Other: Please specify _____

I am currently under 18 years of age.

PERSONAL INFORMATION

Name: _____ Birthdate: _____
Please print: First, Middle Initial, Last MM/DD/YYYY

Present Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____

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To be completed by drivers for church events:

Driver's License Number: _____ State: _____ Expiration Date: _____

Name of Automobile Insurance Company and Policy Number:

List all previous church and non-church work involving children, youth or persons with special needs and any other volunteer roles. List each church's name and address, type of work performed and the dates between which you served.

List gift(s), training or education that have prepared you for work you will be doing in the area(s) for which you have volunteered:

I HAVE RECEIVED A COPY OF ST PAUL LUTHERAN CHURCH, HAMBURG CHILD, YOUTH, AND WORKER PROTECTION POLICY.

I ATTEST THAT ALL THE INFORMATION PROVIDED HEREIN IS TRUTHFUL AND ACCURATE. I AGREE TO NOTIFY THE STAFF OF ST. PAUL LUTHERAN CHURCH OF ANY CHANGES IN THE INFORMATION LISTED ABOVE.

Signature: _____ Date: _____



Changes:

Signature: _____ Date: _____

Changes:

Signature: _____ Date: _____



OFFICE USE ONLY:

Received by: _____ System Log Date: _____

Date: _____ Logged by: _____

Child, Youth and Worker Protection Agreement Y N Date Received: _____