

Screening Form for Volunteer Children and Youth Workers
Confidential – Carmel Baptist Church

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care of all children, youth, and volunteers who participate in church sponsored activities.

1. Adults who have been the subject of a criminal investigation of either child sexual/physical abuse or who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
2. Adults who have been the subject of a Dept. of Social Services investigation regarding child sexual/physical abuse where DDS substantiated the abuse shall discuss their desire to work with children or youth with the Director of Counseling Ministries prior to engaging in any volunteer work.
3. All adult volunteers working with youth or children are required to be members of Carmel Baptist Church for a minimum of six months.
4. Adult volunteers should observe the “two adult” rule. This requires that adults are never alone with children or youth without an adult partner. (For exceptions as to youth, please refer to the Child Protection Policy.)
5. Adult volunteers should immediately report any behaviors, which seem abusive or inappropriate to their supervisor.

Please Answer Each Question. Your Response Will Be Kept Fully Confidential.

1. As a church volunteer, do you agree to observe all church policies regarding working with youth or children.
_____ Yes
_____ No
2. Have you ever been convicted of or pled no contest to a crime?
_____ Yes (Please describe on a separate sheet of paper)
_____ No
3. Have you ever been the subject of a criminal investigation of child sexual or physical abuse?
_____ Yes (Please describe on a separate sheet of paper)
_____ No
4. Have you ever been the subject of a Dept. of Social Services investigation regarding child sexual or physical abuse where DSS substantiated the abuse?
_____ Yes (Please describe on a separate sheet of paper)
_____ No

If you prefer, you may refuse to answer question 4, or you may discuss your answer in confidence with the Director of Counseling Ministries rather than answer it on the form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for children or youth work.

I have read the above policy and agree to observe the safeguards listed.

Signature

Date

Please print name

Date of birth

Parent's Signature (if volunteer is under age 18)

Date