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**All Saints Lutheran Church**

**Safe Child Policy**

*Jesus said, "Whoever welcomes a child …welcomes me" (Matthew* 18:5). *Our Christian faith calls us to offer both safety and protection to our children. Children must be protected from economic, physical, emotional, and sexual exploitation and abuse. God calls us to make our churches safe places, protecting children and other vulnerable persons from sexual and ritual abuse. God calls us to create safe, protected and welcoming communities of faith which enable children and adults to grow spiritually strong.*

On December 14, 2015, the Congregational Council of All Saints Lutheran Church adopted the following policies and guidelines to keep our church a safe sanctuary for our children and youth. The terms children and youth may be used interchangeably in this policy, but refers to all persons under the age of eighteen. The purpose of this resolution is to demonstrate our absolute and unwavering commitment to the physical safety and spiritual growth of all our children and youth. In keeping with this purpose, All Saints Lutheran Church is continually insuring the provision of an environment safe from physical and sexual abuse for those participating in, receiving and providing its ministries.

**Policy Statement**

All Saints Lutheran Church, as a Christian community of faith, pledges to conduct the ministry of the gospel in a manner that assures the safety and spiritual growth of all of our children and our youth, as well as, all of the workers with children and youth. The following major policy tenets formulate the basis for our policy guidelines and implementation procedures:

1. We will establish screening guidelines for the selection and recruitment of employees and volunteers for positions that require or facilitate regular contact with children.
2. We will establish supervisory guidelines and implement prudent operational procedures for all programs and events with a special emphasis on those requiring safety measures for our children and youth.
3. We will provide educational programs, volunteer training, and continual communication with those who work with children and youth. These processes shall familiarize the workers with the guidelines and procedures necessary to implement this policy.
4. We will have a clearly defined Response Plan and procedures for reporting a suspected incident of abuse that conforms to the requirements of state law and to the guidelines of the All Saints Lutheran Church Safe Child Policy.
5. The All Saints Lutheran Church Council has the authority to form a Leadership Team for the purpose of insuring the continual implementation, periodic review, and communication to all appropriate church constituents.
6. We will carry liability insurance that includes sexual abuse coverage for the safety of those participating in, receiving, and providing the ministries of All Saints Lutheran Church.

These major policy tenets are established to enable a safe and protected environment for all children, youth, and participants in the work of our church community.

**Policy Guidelines**

The following policy guidelines are to be used in the development of operational procedures for identified ministries at All Saints Lutheran Church. These policy guidelines are common to all ministries involving children and youth. Specific procedures pertinent to all identified ministries will be developed, reviewed periodically and communicated to appropriate personnel. These operational procedures will be consistent with All Saints Lutheran Church Safe Child Policy and the appropriate state laws.

**Selection and Recruitment of Workers**

1. All employees and any volunteer leaders of children and youth acting in the capacity of a staff person shall be screened using the application information, references and an extensive criminal background check prior to engaging in these responsibilities.
2. Anyone who has, 1) ***ever*** been convicted of a crime against a child, or, 2) ever been convicted of any other misdemeanor or felony offense within the last ten years, will not be allowed to volunteer or work with our children and youth. In the event that an individual is accused of any of the above charges during the year, they must step down until the investigation is complete.
3. All volunteer workers for any position involving work with children and youth will be screened through an appropriate application process and the completion of the Participation Covenant Statement.
4. All adult volunteers involved with children or youth must be a member of our congregation for at least six months or work under the supervision of a trained volunteer.
5. In the event of a convicted sex offender who is/becomes a member of the church, that person will sign the agreement found on Form F.

**Supervisory Guidelines**

1. Every effort will be made to have an adult trained in first aid/CPR for all events involving children and youth.
2. All leaders who work with youth shall observe the “Two Person Rule”. The “Two Person Rule” requires that every reasonable effort should be made to avoid situations where an adult or teen volunteer or paid staff member is alone with youth without a partner.
3. The “Two Person Rule” is MANDATORY for those working with KINDERGARTEN AND YOUNGER CHILDREN. If a child needs bathroom assistance, the door must be left open, while guarding their privacy as much as possible and another adult must be told before and after the assistance.
4. Supervisors and workers with children and youth programs will adhere to the "Five-Years Older" rule that requires volunteer workers be a minimum of five years older than the youth with which they are working.
5. Those under the age of 18 will be allowed to work with youth only if they are supervised by an adult that meets the "Five Year Older" rule.
6. Any counseling sessions with children or youth will implement the Open-Door Counseling guideline which states that the door of the room used should remain open for the entire session, unless the door has a viewing window, which is unobstructed.
7. Sunday School children aged pre-K through 2nd grade will be dismissed from classrooms only to custodial parents or those persons indicated on the child’s registration form.

**Educational Programs and Training**

1. All volunteer workers with children or youth will be required to attend an orientation/training session pertinent to their volunteer responsibilities including appropriate policies, guidelines and procedures to be used in all ministries with children and youth. Specific procedures for each area of ministry will also be included.
2. First aid/CPR training is encouraged for church workers with children and youth.

**Reporting Suspected Child Abuse**

1. The pastor, and all employees/volunteers of All Saints Lutheran Church should be aware of the contents and have available the current Manual for Mandated Reporters distributed by the Illinois DCFS Office of Communication.
2. In the event of an allegation, evidence, or suspicion, of child abuse, this will be reported to the mandated reporter, which is the pastor of All Saints Lutheran Church. The President, Vice President, and Secretary, hereafter referred to as the Executive Committee of the church council, would become the reporting body if the pastor is the accused or suspected party. Confidentiality is guaranteed in the state law. An attorney will be consulted regarding compliance with reporting laws. Subsequently, the necessary reporting procedures would be enacted.
3. The All Saints Lutheran Church Response Plan procedures will be implemented. This response plan needs to include the definition of abuse, the information to be contained in a report, the organization to which the report is to be made, and the time frames for reporting. Procedures consistent with the law, provision of support to the child, and appropriate involvement with the parents contained in the response plan will be implemented.
4. When a report is completed to the state agency, pastoral support and guidance is to be offered to the reporting person. The church's commitment to the prevention of child abuse requires that its workers with children and youth make reports of abuse according to the requirements of the state law. As Christians, we must be prepared to respond to others when other support needs arise.
5. The Pastor, or a representative of the Northern Illinois Synod in the event the Pastor is the accused party, in collaboration with the Congregational Council, would coordinate any subsequent action regarding employees or volunteers following the completion of the agency investigation.

All Saints Lutheran Church demonstrates its Christian commitment to creating a safe and protective environment for those participating in, receiving, and providing its ministries by insuring provisions that will enable the continual maintenance of this facility. This process for policy implementation and renewal, if needed, will be provided for by the All Saints Lutheran Church Congregational Council. Should the Congregational Council become aware of any issues or concerns related to this policy, it will be responsible for addressing these issues in a timely manner.

**Conclusion**

In all of our ministries with children and youth, the All Saints Lutheran Church Congregation is committed to demonstrating the love of Jesus Christ so that each child will be surrounded by steadfast love, established in faith, and confirmed and strengthened by our spiritual care. The establishment of the Safe Child Policy, its guidelines, and corollary procedures will honor this commitment to the physical safety and spiritual growth of all our children and youth.

All Saints Lutheran Church

“Safe Child” Participation Covenant Statement

The congregation of *All Saints Lutheran Church* is committed to providing a safe environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church.

**Please answer each of the following questions:**

1. Have you received and reviewed a copy of the All Saints Safe Child Policy, relating to the area of ministry in which you will be volunteering? ❑Yes ❑ No
2. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth? ❑Yes ❑ No
3. As a volunteer in this congregation, do you agree to participate in orientation and training provided by the church and related to your assignment? ❑Yes ❑ No
4. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to the Pastor or a member of the Council Executive Committee? ❑Yes ❑ No
5. As a volunteer in this congregation, do you agree to a background check if required for the volunteer assignment? ❑Yes ❑ No
6. *For those under the age of 18 only: As a youth volunteer in the congregation, do you agree to follow the instructions of the adult who is supervising you and ask for help if you need it?* ❑Yes ❑ No

I have read this Participation Covenant and agree to observe and abide by the Safe Child policies, procedures and guidelines set forth by *All Saints Lutheran Church.*

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

Signature of Applicant Date

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

Signature of Person Receiving the Covenant Date

**ALL SAINTS LUTHERAN CHURCH VOLUNTEER CHAPERONE/DRIVER PROCEDURES AND FORMS**

1. Separate sleeping areas will be provided for male and female youth and their chaperones at events. All Saints Lutheran will provide chaperones at ratios of at least 1 adult for every 6 children or youth at all events.
2. The lights-out curfew for children, youth and chaperones at events is 11:30 p.m. unless otherwise specified by the event’s planning personnel. Participants will respect the time limits placed on the rooms by chaperones.
3. “R” rated movies will not be shown to senior high youth, unless the movie is judged to be relevant and appropriate by planning personnel. “PG-13” or “R” rated movies will not be shown to junior high youth or younger children unless the movie is judged to be relevant and appropriate by planning personnel. If this exception happens, it will be publicized as part of the event. Permission slips may be provided giving the rating, reasons for the rating, and rationale for showing it, and must be signed and returned to allow viewing.
4. Discretion is to be used when among children and youth, especially regarding physical contact. Seemingly innocent behavior can be misinterpreted. A hug around the shoulders is one thing but full body-to-body hug, stroking, massaging or kissing is not permissible by any volunteer or staff.
5. Any verbal or nonverbal sexual behavior with or among any youth or children is inappropriate.
6. Chaperones/drivers should avoid meeting alone with a child or youth other than their own child.
7. If an impromptu meeting of an adult with an individual child or youth should occur it is best to meet in (move if necessary to) an open area like the Fellowship Hall or any open similar area. If the meeting must be in a classroom, be sure that the door/curtain is open.
8. Any sexual gesture or overture toward a chaperone/driver by a child or youth is to be reported immediately to the pastor or a member of the Council Executive Committee.
9. Dating between a chaperone and youth under the age of 18 is inappropriate.
10. The use of any drug (including alcohol) is prohibited at all children and youth events. This rule applies to youth as well as adult chaperones. (Exceptions are communion wine and medications listed on parental health/emergency contact forms).
11. Chaperones should immediately report suspected or inappropriate behaviors of children or youth toward each other, either to the Pastor or a member of the Executive Committee of the church council.
12. Fireworks, fire crackers, guns or any other explosive devices will not be brought or used during any youth activity.
13. The wearing of life jackets is mandatory for all youth and adults participating in canoe or rafting events.
14. Event drivers are to fill out the *FORM "A"* belowAND *FORM "B"* (Application to be a Church Activity Driver),which are to be reviewed by an approved authority. Non-driving chaperones are to fill out *FORM "A"* below.
15. Driving laws (especially those regarding speed limits and use of safety belts) are to be observed at all times.
16. Drivers will not make cell calls or text while driving.
17. Adult drivers should aim not to be alone with a child or youth who is not their own child/youth in a car. If it is necessary to ride or drive alone with a child or youth, special care should be taken including leaving one seatbelt distance between you and your passenger. Do not stop the car to talk – it would be better to go to a restaurant or other public place where others are present.
18. Youth drivers may not take children or youth passengers off of church property without the written permission of the parents of the passengers.

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***AGREEMENT FORM* *FORM "A"***

I have read, understand, and agree to abide by and uphold the above procedure for (circle appropriate category) chaperoning, driving, or chaperoning and driving to (event name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

*PLEASE PRINT* ***FORM B***

**ALL SAINTS LUTHERAN CHURCH**

**APPLICATION TO BE A CHURCH ACTIVITY DRIVER**

Thank you for your willingness to consider driving on a church sponsored event. This application and procedure the church has developed were created to help provide a safe and secure environment for the children and youth who participate in our educational programs. Information requested on this application will be confidential and securely stored.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STREET) (CITY) (ZIP)

HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALL SAINTS MEMBER? \_\_\_\_\_ YES \_\_\_\_\_NO IF "YES", HOW LONG? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe below any medical conditions that could affect your ability to safely transport participants.

List below any medications that you currently take that could potentially impair your driving ability.

PLEASE ANSWER THE FOLLOWING QUESTION "YES" OR "NO":

YES NO Have you ever been convicted of a crime? If so, please describe on reverse side.

YES NO Have you been convicted of a moving violation in the last five (5) years? If so, please describe on reverse side.

YES NO Do you have any restrictions on your driver's license? If so, please list on reverse side.

YES NO Have you been involved in a motor vehicle accident in the last five (5) years? If so, please describe on reverse side.

YES NO Have you been convicted of driving under the influence or driving while intoxicated (DUI/DWI), or had your license revoked or suspended in the last five (5) years? If so, please describe on reverse side.

YES NO Does our church have any reason to be concerned about your ability to be a responsible and careful driver? If so, please describe

 on reverse side.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that all of the above statements are correct and true to the best of my knowledge and belief. I authorize All Saints Lutheran Church to verify this information with the Illinois Secretary of State or other applicable out-of-state department or bureau. By signing, I also agree to abide by all safety procedures established by All Saints Lutheran Church, and will abide by all driving laws and the Illinois Vehicle Code (625 ILCS 5/).

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Please attach a photocopy of your driver's license (both sides) and a photocopy of your auto insurance card.

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OFFICE USE ONLY:

VALID DRIVER'S LICENSE Yes / No Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VALID INSURANCE CARD Yes / No Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please print ***form c***

**all saints lutheran church**

**parental or guardian activity authorization**

Thank you for your interest in having your child participate in an off-site program through our church. This authorization is intended to provide a safe and secure environment for your child/youth. Information requested on this application will be confidential and securely stored.

Event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Destination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_ Departure Time & Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Time & Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

Cost $\_\_\_\_\_\_\_\_\_ Deadline for return of form is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Coordinator & Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete and Return form below for each participant. Payment should be made out to All Saints Lutheran Church.

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

PARTICIPANT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D. O. B. / / MEMBER OF ALL SAINTS? \_\_\_\_\_\_\_\_\_

 MM/DD/YYYY

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STREET) (CITY) (ZIP)

In consideration of the opportunity for my child/youth to participate in the above activity, and fully recognizing that such an event involves an element of risk, I assume all risks and hazards incidental to such participation, and do hereby release, absolve, indemnify, and agree to hold harmless All Saints Lutheran Church of Byron, Il, its employees and officers, chaperones, leaders, organizers, sponsor, and persons transporting children/ youth to and from this event. Neither All Saints Lutheran Church of Byron, IL, nor any of the said persons above shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this event.

I have read this release, understand all of its terms, and execute it voluntarily and with full knowledge of its significance. In the event of an emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered.

I hereby give permission for my son or daughter to take part in the named event and to be transported by All Saint’s authorized driver.

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT/LEGAL GUARDIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_

ADDRESS (if different than above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DAY PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STREET) (CITY) CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF I CAN’T BE REACHED, CALL:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO PARTICIPANT\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP TO PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ANY FOOD ALLERGIES AND/OR MEDICATIONS PARTICIPANT IS CURRENTLY TAKING:

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

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

MEDICAL INSURANCE COMPANY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POLICY #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PARTICIPANT’S PHYSICIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE(\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Person Receiving Authorization Date

PLEASE PRINT ***FORM D***

**ALL SAINTS LUTHERAN INCIDENT REPORT**

DATE & TIME OF INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE REPORT FILED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON FILING REPORT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAMES OF WITNESSES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS: As close as possible to the time the incident occurred, a copy of this report must be filled out by the person who was in charge at the time of the incident. Eyewitnesses to the incident should also fill out a copy of this form. Use the back if necessary to complete each section.

1. Your involvement in the incident/damage/injury:
2. Briefly describe the incident/damage/injury.
3. The location of the incident/damage/injury.
4. In your opinion, what was the cause of the incident/damage/injury?

5. NAME OF INJURED OR DISCIPLINED PERSON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_\_

6. ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_

7. PARENTS/GUARDIANS of injured or disciplined person. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. DATE AND TIME PARENTS/GUARDIAN CONTACTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. DESCRIBE ACTION TAKEN on behalf of injured person.

1. DESCRIBE MEDICAL attention given/required.
2. DESCRIBE disciplinary action taken (if applicable).
3. Parents/Guardian comments:

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

SIGNATURE OF PARENT/GUARDIAN DATE

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

Signature of Person Receiving Incident Report Date

**ALL SAINTS LUTHERAN CHURCH**

**ALLEGED MISCONDUCT PROCEDURES**

 STEPS TO BE TAKEN TO REPORT SUSPECTED OR ALLEGED CHILD ABUSE:

1. All church employees and youth volunteers are to report all alleged misconduct incidents to the Pastor or a member of the Church Council Executive Committee. The alleged incident may be reported by children, youth or parents to the teachers or youth volunteers, or directly to church leadership.
2. All teachers and youth volunteers should also report suspected misconduct when they believe there is a possibility that it has occurred in the life of our children and youth.
3. All will fill out the *Alleged Misconduct FORM "E"* and immediately contact the Pastor or an Executive Committee member with a copy of the completed Alleged Misconduct form.
4. The Pastor or his or her designate should immediately report to the proper authorities and make copies of the *Alleged Misconduct FORM "E"* available to them.
5. If the pastoral staff is not available, the incident should be reported to the council president.
6. If the alleged abuser is the Pastor, the President of the Church Council and the Bishop of the Northern Illinois Synod must be contacted.
7. All staff and volunteers need to assess and take all steps necessary to provide for the safety of the child or youth.
8. All volunteers and staff must cooperate as closely as possible with investigating authorities.

NOTES:

1. You need fear no reprisal or civil action if you make your report in good faith.
2. Regardless of the circumstances, do not disclose the identity of the reporting person, the accused, the victim or the details of the case except to those who are professionally involved in the case.
3. All Saints Lutheran Church will faithfully respond to the victim by taking the allegations seriously, respecting the victim’s privacy, and assuring the victim’s safety.

STEPS TAKEN BY THE PASTOR/COUNCIL PRESIDENT AFTER THE REPORT IS RECEIVED.

1. The Pastor (or Council President if the accused is the Pastor) will suspend the service of any individual suspected of alleged abuse during the investigation. This suspension is to be done in accordance with church employment policies in the case of a paid staff person.
2. Pastoral support is to be offered to persons who need to be interviewed by the authorities.
3. The Pastor or designated Synod representative will provide immediate and appropriate counseling to the victim, the perpetrator and the families affected.
4. The Pastor or designated Synod representative will support other victims as needed. These victims may include family members of the child or youth, peers of the child or youth, remaining volunteers, the congregation and family of the alleged abuser.

STEPS TAKEN BY THE SYNOD

1. The Director for Communications from the Northern Illinois Synod Office will be responsible for any necessary communication with the media.
2. Staff from the Northern Illinois Synod office will be involved in the process regarding disclosure to the congregation and congregational recovery.

PLEASE PRINT***FORM E***

**ALL SAINTS LUTHERAN CHURCH**

**ALLEGED MISCONDUCT REPORT**

DATE & TIME OF INCIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE REPORT FILED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON FILING REPORT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME(S) OF OTHER WITNESSES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS: As close as possible to the time the incident occurred, a copy of this report must be filled out by the person who was in charge at the time of the incident. Eyewitnesses to the incident should also fill out a copy of this form. Use an additional sheet if necessary to complete each section.

1. Briefly describe the alleged misconduct.
2. The location of the alleged misconduct.
3. Name of the person to have caused the alleged misconduct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. NAME OF VICTIMIZED PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_\_
5. ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. PARENTS/GUARDIANS of VICTIM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. DATE AND TIME PARENTS/GUARDIAN CONTACTED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. DESCRIBE ACTION TAKEN on behalf of victim.
9. DESCRIBE MEDICAL attention given/required.
10. VICTIM'S STATEMENT, IF POSSIBLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL SAINTS LUTHERAN CHURCH**

**ALLEGED MISCONDUCT REPORT**

1. ALLEGED PERPETRATOR’S STATEMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ACTIONTAKEN

DATE/TIME POLICE CONTACTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Person contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructions from that person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

DATE/TIME DCFS CONTACTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Person contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructions from that person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATE/TIME SYNOD OFFICE CONTACTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Person contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructions from that person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DATE/TIME INSURANCE CO. CONTACTED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Person contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Person contacted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructions from that person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***FORM F***

**ALL SAINTS LUTHERAN**

**CONVICTED SEX OFFENDER AGREEMENT**

All Saints Lutheran Church affirms the dignity and worth of all persons. We are committed to being a religious community open to those who chose to worship with us. However, based on your background, we have concerns about your contact with children and youth in our congregation. The following guidelines are designed to reduce the risk to both you and them of an incident or accusation. We welcome you to our congregation and our membership, but your participation will be limited in ways to ensure the safety of our children and to assure that you will not be subjected to future accusations.

The following are the guidelines associated with your participation in church functions:

1. You will not be allowed to volunteer for or chaperone events for children or adolescents.
2. You are only allowed to attend normal worship services without a support person.
3. You are not allowed to attend any other events at the church without a support person. The support persons are:

a.

b.

1. Whenever you are at church or a church function you will ensure that you are never alone with any children or adolescents other than your own.
2. You will never touch any child or adolescent inappropriately.

Signature Date

Witness Date

Pastor Date

**FORM G**

**All Saints Lutheran Church**

**Children & Youth Ministries**

**Volunteer Application**

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evening phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous address (if less than 5 years at current address):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current job responsibilities and schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Previous work experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous volunteer experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why would you like to volunteer as a worker with children and/or youth?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges or theft)? Note: Answering yes will not necessarily exclude you. ❑ Yes ❑ No

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

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Have you ever been charged, convicted of, or plead guilty to a crime, either a misdemeanor or a felony involving child abuse or other crimes of violence? ❑ Yes ❑ No

If yes, please explain fully: (use other side of form if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please complete the following information. All information, including references, are confidential.

Driver’s License/State ID card no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auto Insurance Carrier and Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special training (i.e. First Aid, CPR, EMT, nursing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References:** Please list *three* personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each.

**#1 Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#2 Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**#3 Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization (including All Saints Lutheran Church) that provides information.

In signing this application, I hereby certify that all answers are correct to the best of my knowledge and ability, and agree to comply with the All Saints Lutheran Church Safe Child Policies and Guidelines, and have read and signed the All Saints Lutheran Church Participation Covenant Statement.

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

Signature of Applicant Date

*If applicant is under 18 years of age, parent/guardian must sign*

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

Signature of Parent/Guardian Date

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

Signature of Person Receiving Application Date