

Leader Application Form
Second Presbyterian Church

NAME: _____ M F BIRTHDATE: ___/___/___

ADDRESS: _____ CITY: _____ STATE: _____

Zip: _____ Home Phone: _____ Business Phone: _____

E-MAIL: _____

STATEMENT OF DISCLOSURE

Second Presbyterian Church cares about the children, youth, and at-risk adults in our programs and activities, and desires to ensure their safety while they are in our care. Because we care, we ask each person who provides supervision and/or leadership to complete the following background information.

1. Have you ever been convicted of any crime against children or any other persons?..... **Yes No**
2. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have abused any minor?..... **Yes No**
3. Have you ever been found by a court in a domestic relations proceeding to have sexually abused or exploited any minor, or to have abused any minor?..... **Yes No**
4. Have you ever been convicted of the possession, use, or sale of drugs?..... **Yes No**
5. Have you been incarcerated for a conviction of the possession, use, or sale of drugs?..... **Yes No**
6. Has your driver's license ever been suspended or revoked?..... **Yes No**
7. Have you ever been convicted of crimes relating to financial exploitation where the victim has been a vulnerable adult?..... **Yes No**
8. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?..... **Yes No**
9. Have you ever been licensed by a board that licenses businesses/professions?..... **Yes No**
If yes, what board or agency _____
10. Have you ever been found by a board that licenses businesses/professions, or any other disciplinary board, to have sexually or physically abused or exploited any minor or developmentally disabled adult?..... **Yes No**
11. Have you ever been found by that licensing board, or any other disciplinary board to have abused, or financially exploited any vulnerable adult?..... **Yes No**
12. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people, or at-risk adults? (If yes, please explain.) _____ **Yes No**

SIGNATURE

DATE

AUTHORIZATION AND REQUEST FOR A CRIMINAL RECORDS CHECK
Second Presbyterian Church

I am an employee, an applicant for employment, or volunteer of Second Presbyterian Church (church). As a part of the application process I have been advised that the church conducts a criminal history check including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do hereby consent to the use of any and all information provided to the church in the application process to be used in the criminal history/background check. I hereby certify that all information provided in this consent form is true, correct and complete. If any information proves to be incorrect or incomplete, I understand that can lead to my immediate termination as a paid employee or volunteer. I release the church from all liability that may result from any such disclosure made in response to this request. I authorize that the church may order additional checks at any time.

SIGNATURE OF APPLICANT _____ **DATE** _____

PRINT APPLICANT'S FULL NAME: _____

PRINT APPLICANT'S FULL MAIDEN NAME (IF APPLICABLE): _____

PRINT ALL OTHER NAMES USED BY APPLICANT (IF ANY): _____

DATE OF BIRTH _____ **SOCIAL SECURITY NUMBER** _____

ALL PERSONAL INFORMATION, INCLUDING SOCIAL SECURITY NUMBERS, WILL BE KEPT CONFIDENTIAL.

501 C3 ON FILE

Authorization For Release of Confidential Information

Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

This information should be addressed to:

Name of Person Making the Request: Camille Powell

Company Name: Second Presbyterian Church

Address: 600 Pleasant Valley Drive, Little Rock, AR 72227

Telephone Number: 501-227-0000

Fax Number: 501-227-6513

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type)

Social Security Number

Maiden Name/Aliases

Full Name and DOB children

Race Age and DOB

Full Name and DOB children

Present Address:

Full Name and DOB children

From _____ to _____

Full Name and DOB children

Past address:

From _____ to _____

Applicant's Signature

County of _____ State of Arkansas
Acknowledges before me this _____ day of _____, 200____.
My commission expires: _____

Notary Public

COVENANT
Second Presbyterian Church

The members of Second Presbyterian Church believe that we are called by God to be the body of Christ in our community and that involved in this calling is the responsibility to create and maintain safe and supportive environments for all children, youth, and at-risk adults in our care. During each baptism of an infant, child, or adult into this covenant community of faith, the members of this church promise to support and encourage that person by nurture and fellowship. Creating and being faithful to thoughtful guidelines for protection of children, youth, and at-risk adults is part of our promise of support and nurture. In the midst of efforts to provide such protection, we acknowledge that we are all dependent upon God's grace and mercy and are not called to condemn but to treat all persons, including those who may have caused harm to others, with compassion, respect, and fairness. We, the members of Second Presbyterian Church, therefore, commit ourselves and our actions to the safety, welfare, and protection of all children, youth, and at-risk adults participating in the activities and programs of this church.

The following acts are prohibited by this Policy and will not be tolerated or accepted during any church activity or program:

- **Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a child, youth, or at-risk adult;**
- **Sexual advances or sexual activity of any kind between any adult and a child, youth, or at-risk adult;**
- **Physically abusive behavior to a child, youth, or at-risk adult;**
- **Physical neglect of a child, children, youth, or at-risk adult including failure to provide adequate supervision in relation to the activities of the church;**
- **Intentional actions causing mental or emotional injury to a child, children, youth, or at-risk adult;**
- **Possession of obscene or pornographic materials at any function of the church;**
- **Possession of, advocacy of the use of, or being under the influence of any illegal drugs;**
- **Consumption of, or being under the influence of, alcohol while leading or participating in a children's or youth function or while engaging in ministry with at-risk adults at the church.**

As a volunteer in this congregation, you agree to:

1. Be 18 years of age or older at the time of the event;
2. Submit a completed Leader Application Packet which includes: Leader Application Form, Authorization and Request for a Criminal Background Check, Authorization For Release of Confidential Information, and Covenant;
3. Interview with the staff person in charge of the event/program, if requested by the staff person;
4. Provide references if requested;
5. Be at least three years older than the youth and children with whom they work. This does not apply to paid staff.
6. Be a member of Second Presbyterian Church for at least six months prior to submitting a Leader Application Packet. With approval of the Head of Staff and appropriate Program Staff, a person who meets all other criteria and has actively attended Second Presbyterian for at least six months but is not a member may submit a Leader Application Packet. This does not apply to paid staff.
7. Attend mandatory leader training.

I certify that I have read the Second Presbyterian Miriam Project Policy for the Protection of Children, Youth, and At-Risk Adults, and I agree to abide by the policies set forth. I understand that a violation on any of these guidelines can lead to my immediate termination as a volunteer leader.

SIGNATURE

DATE