St. Matthew’s Lutheran Church
Child Protection Policy Synopsis

We understand that life in the church is to be lived according to the rule of love. "Jesus said, 'You shall love God with all your heart, and with all your soul, and with all your mind.' This is the greatest commandment. And a second is like it. 'You shall love your neighbor as yourself.'” (Matt 22:37-39) As members of St. Matthew’s (German Evangelical Lutheran Church (St. Matthew’s or SMLC), we are called to create a loving community of faith that seeks the secure welfare of its members and guests. Therefore, we are committed to the protection of all children and other persons participating in the activities and programs of SMLC. Abuse, exploitation or harassment in any form, physical, emotional or sexual, will not be tolerated. A well-implemented child protection policy not only protects children, but also adults who minister to children.

WHO does Child/Youth Protection

Anyone working with minors in any situation ...Level 3...must complete:
- Application ... and it’s related...
- References
- Interview
- TRAINING
- National Criminal Records Check

Anyone transporting minors ...Level 4 ...must complete all of the above plus:
- Driver’s License

ALL paid staff ...Level 5 ...must complete all of the above plus:
- Drug screening

HIGHLIGHTS of daily practices/expectations

GENERAL
- No one alone with any minor – interruptible and observable
- Adults must be 5 years older than those they supervise
- Mandated reporters = all teachers
- Displays of affections only done in public areas with other adults present
- No physical discipline (e.g. spanking, shaking, etc.) will be tolerated
- Read the policy

ON-SITE
- Two adults present
- Minors must be under care, guidance, leadership or supervision at all times
- Restroom: Preschool age children accompanied by an adult who shall leave the door open. Elementary school age children shall be routinely monitored when they leave the class or activity room.

OFF-SITE
- Facility complies with Church Policy
- Overnights: Segregated sleeping areas – minimum of 2 adults – with same sex
- Conform to Level 4 of the Policy
- Written parental permission required for transporting minors and for programs scheduled off church property

NON-CHURCH
- No outside group will be allowed to provide their own childcare services
- If they meet here – they must comply with General Guidelines/Procedures
- Notify outside groups of this

PERSONNEL MINISTRIES
- Child Protection Team coordinates with Personnel Committee to:
  - Check newly hired employees
  - Enforce
  - Review of policy, implementation, report to Church Council

REPORTING

If you suspect something/hear or see something...
- Report this to the staff person in charge of the event
- You will be asked to fill out a Report of Suspected Incident of Child Abuse Form
- CONFIDENTIALITY! CONFIDENTIALITY! CONFIDENTIALITY! Tell NO one but ONE of the staff in charge of the event. They will take care of it from here.
INTRODUCTION:
As Christians, we believe that God creates us to live in community with one another. We understand that life in the church is to be lived according to the rule of love. “Jesus said, ‘You shall love God with all your heart, and with all your soul, and with all your mind.’ This is the greatest commandment. And a second is like it. ‘You shall love your neighbor as yourself.’” (Matt 22:37-39) As members of St. Matthew’s German Evangelical Lutheran Church (St. Matthew’s or SMLC), we are called to create a loving community of faith that seeks the secure welfare of its members and guests. Therefore, we are committed to the protection of all children and other persons participating in the activities and programs of SMLC. Abuse, exploitation or harassment in any form, physical, emotional or sexual, will not be tolerated. As part of our congregation’s baptismal vows, we covenant with each other to take responsibility for the nurture of faith. As such, the members of this church have pledged to uphold one another. In the spirit of Christ we teach, strengthen and support the individual’s relationship within the Church Family.

As our baptismal vows imply, we also undertake to preserve the integrity of each person within our Church Family. SMLC is committed to the safety of all children. A well-implemented child protection policy not only protects children, but also adults who minister to children.

This Child Protection Policy applies to any person employed by or volunteering at St. Matthew’s Lutheran Church in any capacity involving children as well as all outside organizations using SMLC facilities for programs for children.

REQUIREMENTS:
In order to provide a safe community for children and adults, the church requires all employees and volunteers working with children to comply with the “Requirements of Employees and Volunteers in Child Ministries” and the “Child Protection Guidelines and Procedures” that make up this, the “Child Protection Policy” adopted by the Council of SMLC. In doing so, those individuals will be asked to comply with the screening procedures depending on the level of interaction with a child during service to the church (see Part I) and review the attached “Guidelines and Procedures” as part of their orientation and training. All employees and volunteers will follow the Child Protection Policy. The Child Protection Team will include the following: Staff – Coordinator of Educational and Family Ministries, Coordinator of Youth and Young Adult Ministries, Program Coordinator of Community Outreach Center Ministries, Personnel Committee Chair, one Council Representative and at least three other members of SMLC.

REVIEW:
The Child Protection Team of SMLC shall receive reports at least annually from program staff persons and respective ministries as to the effectiveness of this Child Protection Policy, shall suggest improvements and shall report to the Church Council at least annually on the status of the policy.

Approved by Council on 02/27/06
Part I:
ASSESSING THE RISK RELATIONSHIP OF VOLUNTEER and EMPLOYMENT POSITIONS

A. **LEVEL 1 Relationships** include those individuals volunteering or participating in situations where there will be no care, guidance, leadership, sponsorship or supervision of a minor child who is not related by blood, marriage, adoption or deemed in the care of the individual volunteering or participating by the parent or legal guardian of the minor child. This level would include parents and relatives attending functions such as All-Church events and Community Outreach Center events. This level would include, but not limited to, English as Second Language (ESL) teachers; resource speakers; volunteers for: food pantry; Afternoon Tea Room; fundraising activity participants; building care projects; office helpers, Men’s Work Crew, and Archives volunteers. No Paperwork is required by this policy to participate.

B. **LEVEL 2 Relationships** include volunteering with little or no contact with children and having no care, guidance, leadership, sponsorship or supervision of minor children who are not related by blood, marriage, adoption or deemed in the care of the volunteer by the parent or legal guardian of the minor children. This level would include Cinderella Project Boutique managers. Volunteer Information Form is required by this policy to participate. (Form B-1)

C. **LEVEL 3 Relationships** include those individuals volunteering to provide care, guidance or serve as a leader, sponsor or supervisor of children. There will be at least two or more adults present in the company of children at all times, such as Sunday Church School Teachers and Shepherds, Wednesdays Together! Leaders, Club 45, Confirmation Classes, Genesis Youth, Alleluia Choir, Youth Choir, Tots Morning Out volunteers, AS Kids, Thursday Nights, School Readiness Camp, Nursery and Childcare, and Vacation Bible School. Requirements include the following:
   1. Complete and sign the Volunteer Information (Form B-1) and the Volunteer Application (Form C-1).
   2. Provide at least 3 Personal References (Form C-2), with at least 2 written or documented references (Form C-2a) kept in the volunteer’s file.
   3. Complete a personal interview with a program staff person or program director, who has been designated by the Child Protection Team. (Form C-3)
   4. Successfully complete a training and educational event arranged by the church.
   5. Sign the Authorization for Release of Background Information (Form C-5), Authorization and Request for Criminal Records Check (Form C-5a) for appropriate authorities (local, state or federal law enforcement agencies) to release any records. This will include permission for the State Law Enforcement Division (S.L.E.D) check and any other background checks deemed necessary which may include South Carolina Sex Offenders Registry and/or South Carolina Child Abuse Registry.
   6. Sign the Leader/Sponsor Code of Ethics and Rules (Form C-6).
   7. Sign the Covenant Statement (Form C-7).
   8. Provide a copy of a valid driver’s license, proof of auto insurance and permission to obtain a current Driving Record. In addition, those driving a church vehicle or a church rented 12+ passenger vehicle must complete and pass the Defensive Driving Course created by the church insurer.

D. **LEVEL 4 Relationships** include those individuals volunteering in a position that involves driving or transporting a minor off church campus in either a personal or church vehicle. Steps 1 -7 of Level 3 with the addition of Step 8:
   8. Provide a copy of a valid driver’s license, proof of auto insurance and permission to obtain a current Driving Record. In addition, those driving a church vehicle or a church rented 12+ passenger vehicle must complete and pass the Defensive Driving Course created by the church insurer.

E. **LEVEL 5 Relationships** include all paid employees and those applying for employment at SMLC. Oversight for hiring and dismissal of personnel is handled by Church Council or its designee(s) including the Personnel Committee. This policy shall be included in the employee manual.
   Steps 1 -8 of Level 4 with the addition of Step 9:
   9. Submit to and pass a drug screening test prior to employment and for cause thereafter. (Form E-9)

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1 South Carolina defines a ‘child’ as a person under the age of 18.
Part II:  
CHILD PROTECTION GUIDELINES AND PROCEDURES

Personal interviews will be conducted by the appropriate program staff person or program director. Application reviews and reference checks will be conducted by the appropriate program staff person(s) and any required background checks will be completed at the direction of the Child Protection Team. All reports shall be documented on the attached form(s) prior to an individual beginning service.

A. General Guidelines and Procedures for all activities involving children
1. All adults shall be at least five years older than those they supervise and must be screened prior to beginning work or volunteer service as outlined in Part I of this policy.
2. If an applicant (either paid or volunteer) is found to have been involved in any activity in which the applicant abused or exploited a minor, the applicant will not be hired and shall not serve as a volunteer in any church-sponsored activity or program that involves minors. Any conviction of crime against a minor will disqualify the applicant. These disqualifications are found listed at the beginning of this policy. In the unfortunate situation where it has been determined that an individual should not work with minors, the church will make every effort to handle such a decision in a confidential manner which is sensitive to that person.
3. One employee or volunteer shall not be alone with a child unless the contact occurs in a public place or other persons are able to clearly witness the interaction by being in and out of the area where an employee or volunteer is working with the child. If a situation unexpectedly does not meet this criteria of the policy, then alternatives must be put into place so that the event is in compliance.
4. If a situation unexpectedly leaves one employee or volunteer alone with a child, it must be documented using The Exception to the “Two Adult Rule” Report (Form A-4).
5. SMLC will adopt the “Two Adult Rule”, which means no adult shall be left alone with a child, and requires a reasonable ratio of adult workers to be maintained in each situation involving supervision of children.
6. While recognizing the important role of youth volunteers in children/youth ministries, youth volunteers should be under the supervision of a staff member or an adult volunteer (as defined above). Regular youth volunteers and their parents/legal guardians are also required to sign the Covenant Statement for Volunteers under the age of 18 years. (Form A-6) Regular youth volunteers will take part in a training designed for youth volunteers. Youth must be five years older than the children or other youth they help supervise.
7. SMLC will adopt the “open door” policy. A door without windows will remain open at all times.
8. When a private meeting is deemed necessary, the two adult rule shall be used, or the “open door” policy shall be used in that instance.
9. Church staff members and volunteer leaders will supervise activities on an on-going basis and make unannounced visits into classes and other program sites from time to time.
10. Displays of affection (i.e. hug, etc.) show our love and concern and should only be done in public areas with other adults present. All staff and volunteers will undergo training regarding appropriate touch with children and youth.
11. No physical discipline (e.g. spanking, shaking, etc.) will be tolerated. All staff and volunteers will undergo training regarding appropriate discipline methods for children and youth.
12. Volunteers and employees must read the “Child Protection Policy” of this church, agree to it by completing and signing the appropriate application form(s), and submitting to the appropriate level of screening and training as listed in Part I of this policy.
13. In order to assure proper attention is given to an injury or accident involving a child or youth, an Accident/Injury Report (Form A-13) is to be completed by the adult supervisor within 24 hours of the incident. Injuries requiring medical treatment (Band-Aids, cleaning, or any other first aid) should be verbally reported to the appropriate staff member or director of the activity within 2 hours. Injuries requiring EMS notification should be verbally reported immediately. Completed Accident/Injury Report Form should be filed with the Church Office and will be kept for 5 years. The parent(s)/legal guardian(s) of the injured child should be promptly notified.

14. The Church Office will keep sufficient quantities of all forms and policies for employees and volunteers.

15. In accordance with Part III of this policy, employees and volunteers are required to report immediately any suspicious or inappropriate behavior that suggests (1) sexual abuse or exploitation, (2) neglect, (3) physical abuse, or (4) emotional abuse.

B. Additional Guidelines and Procedures

1. For On-site Activities
   a. Each building that houses classrooms with minors present shall have at least two adults present on each floor level in use during Program hours.
   b. Children must be under the care, guidance, leadership, supervision, or sponsorship at all times. This shall be done by one of the three methods:
      1.) an adult related by blood, marriage, or adoption; 2.) an adult deemed to care for the child by the parent or legal guardian of the minor children; or 3.) the two adults designated to be responsible by program director.
   c. Restroom use: Preschool age children shall be accompanied to the restroom by an adult who shall leave the door open. Elementary school age children shall routinely be monitored when they leave the class or activity room.

2. For Off-site Activities when children and employees or volunteers are participating in a SMLC sponsored event.
   a. As each facility will be different, it will be the responsibility of the program director to determine how best to use the facility and comply with the church policy.
   b. Prior to St. Matthew’s youth attending an event hosted by an organization other than SMLC, such organization shall be required to provide our Child Protection Team with its policy for review.
   c. Overnights: Males and Females shall be segregated during sleeping time. If it is deemed necessary for adults to share sleeping accommodations with the children or youth, a minimum of two adults, the same sex as the children or youth being chaperoned, shall sleep in each area.
   d. All volunteer and staff persons who drive and/or chaperone on off-site trips involving minors shall be in conformance with all aspects of the Child Protection Policy.
   e. Written parental permission is required for transporting minors and for programs which are scheduled off church property. (Form B-2e)

3. For Non-church sponsored use of the church facility
   No outside group will be allowed to provide their own childcare services.
   a. Any non-member or outside group who uses SMLC facilities (i.e., Boy & Girl Scouts, mission groups, music classes, AA, tutoring or choir groups visiting) will be required to comply with the church’s two adult rule as defined under this policy’s Part II “Child Protection Guidelines and Procedures”.
   b. An outside group must contract with the SMLC Coordinator of Nursery Ministries for nursery or childcare for services during, if appropriate, its activities (i.e., weddings, funerals, dinners, graduations, AA). At the time an outside group contract is made with a non-church group or person to use the church facility, written confirmation must be obtained from the outside group’s program director certifying compliance with this policy.
4. **For Personnel Ministries**
   a. It shall be the responsibility of the church Child Protection Team to coordinate with the Personnel Committee to give each newly hired employee a copy of the Child Protection Policy.
   b. An obligation to enforce the policy shall be written into the contract of each employee of SMLC.
   c. The Child Protection Team shall review the implementation of the Child Protection Policy and report its findings to Church Council at least annually.

**Part III:**

**REPORTING AND RESPONDING TO REPORTS OF SUSPICIOUS OR INAPPROPRIATE ACTIVITY**

As the church, we believe that God loves all of us as we are all children of God. Periodically, we encounter those who have done more to tear down the community than to build it up. Some of these would be deemed dangerous to children, but even these are worthy of God’s love and grace and forgiveness. At the same time, there are those who are accused of these wrong doings and are innocent. In any case, we as the Church cannot act irresponsibly. To protect all parties involved and take the responsibility to be discriminating, we have these policies and procedures. Therefore it is imperative that these issues of Reporting and Responding be handled with graciousness and CONFIDENTIALITY.

**A. Definitions of Child Abuse and Neglect according to Federal and State Law are available in the church office.**

**B. Initial reporting of Suspicious or Inappropriate Activity**

1. Suspicious or Inappropriate activity brought to the attention of an employee or volunteer must be reported immediately to the appropriate staff person in charge of the event.
2. Each person who receives knowledge of the incident must complete and submit the Knowledge of Suspected Incident of Child Abuse (Form B-2) to the Child Protection Team.
3. The Child Protection Team member receiving report Form B-2 shall then document the date, time and circumstances of the alleged incident on the attached Report of Suspected Incident of Child Abuse (Form B-4).

**C. Responding to the initial report of suspicious or inappropriate activity**

1. The person responsible for completing Form B-4 will report immediately to the Child Protection Team who will inform the Pastor and the President of Council.
2. The Child Protection Team, a Pastor and the President of Council will make up the Responding Committee and shall then determine if they have reasonable suspicion that abuse or neglect to a child may have occurred. If the allegation involves an employee, the chair of the Personnel Committee shall be involved in that determination. The Responding Committee shall see that the appropriate notifications are made.
3. The Responding Committee must comply with all state laws and shall not further investigate the reported incident to avoid compromising, interfering with, or delaying a legal investigation.
4. All allegations shall be regarded as serious, and due consideration shall be given to the rights and privacy of both the alleged victim and the person being accused.
5. The accused individual, whether staff or volunteer, will be required to refrain from participating in all child activities until it is determined if further action shall be taken. Care shall be taken to respond to all allegations in a professional manner.
D. Response to allegations of abuse or neglect:
   1. If the Responding Committee determines there is reasonable cause to suspect child abuse or neglect, then the following actions shall be taken:
      a. A report will be made immediately to the proper authorities, either law enforcement or the South Carolina Department of Social Services².
      b. All allegations will be taken seriously and will be responded to in a professional manner.
      c. Notify the Bishop of the South Carolina Synod (or his/her delegate).

   2. If appropriate under the law, under the strict guidance of the church’s legal counsel, insurance carrier and the Bishop of the South Carolina Synod (or his/her delegate), the Responding Committee shall:
      a. Contact the alleged victim’s parents, if it will not put the child in jeopardy.
      b. Maintain documents of all efforts to handle the situation.
      c. After the committee has fulfilled its legal reporting requirements, a committee member (preferably non-staff member) shall be assigned to be the spokesperson. This person will be the sole individual communicating to outside authorities or other persons (including the Council, the congregation and the media) regarding the incident.
      d. As this short-term response plan (as listed in a.-c.) reaches full implementation, the Responding Committee will meet to review the case and develop a plan for long-term response, as they deem necessary.

E. Care of Documents
   1. All information shall be treated in a confidential manner, except as required by legal reporting requirements or legal process.
   2. The documents shall be kept in secure storage.
   3. Volunteers with Level 3 or 4 Relationships will be required to complete a Volunteer Application form once every three (3) years and attend the educational, training event every three (3) years. In the interim years volunteers will be required to complete a Volunteer/Employee - Short Form C-1a verifying that the information provided in their application is still accurate and truthful.
   4. Employees will be required to complete an Employee Application form once every three (3) years and attend the educational training event every (3) years. In the interim years employees will be required to complete a Volunteer/Employee – Short Form C-1a, verifying that the information provided in their application is still accurate and truthful.

² Charleston County DSS child abuse and neglect reporting number is 843-740-0422 and the CPPS Supervisor is Odessa Williams.
Definitions

For the purpose of this policy, the following definitions shall apply:

“Preschooler”, “child”, “children”, “youth”, and “minor” shall be defined as any individual under the age of 18 years, or any student in elementary, middle, or high school, or whose mental capacity is that of a minor.

“Adult” shall be defined as any individual at least 18 years of age and not in high school.

“Worker” shall be defined as any adult who serves as a volunteer and/or in a paid position that includes the responsibility of working with or caring for minors that are at least five years younger than they.

“Teenage Worker” shall be defined as any worker at least 14 years of age, but under the age of 18 years (or in high school), who is enlisted to care for minors that are at least five years younger than they.

“Child Abuse”, “Suspicious Activity”, or “inappropriate activity” shall be defined as verbal, physical, emotional, or sexual abuse of a preschooler, child, youth, or minor.

What is Child Sexual Abuse?

Child sexual abuse is any sexual activity with a child – whether in the home by a caretaker, in a day care situation, in a foster/ residential setting, or in any setting, including on the street by a person unknown to the child. The abuser may be an adult, an adolescent, or another child, provided the child is at least four years older than the victim.

Child sexual abuse may be violent or non-violent. All child sexual abuse is an exploitation of a child’s vulnerability and powerlessness in which the abuser is fully responsible for the action.

Child sexual abuse is criminal behavior that involves children in sexual behaviors for which they are not personally, socially, and developmentally ready.

Child sexual abuse includes behaviors that involve touching and non-touching aspects.
Disqualifiers

Whether disclosed voluntarily or by result of the security background check, the following items will automatically disqualify a volunteer from participating in the leadership, sponsorship, or supervision of any activities or programs with minors:

Any conviction for:

- Criminal homicide
- Aggravated assault (assault with a deadly weapon)
- Crimes related to the possession, use, or sale of drugs or controlled substances within the previous five years (proof of a rehabilitation program will be required)
- Sexual abuse
- Sexual assault (rape)
- Aggravated sexual assault
- Injury to a child
- Incest
- Indecency with a child
- Inducing sexual conduct or sexual performance of a child
- Possession or promotion of child pornography
- The sale, distribution, or display of material harmful to a child
- Employment harmful to a child
- Abandonment or endangerment of a child
- Kidnapping or unlawful restraint
- Public lewdness or indecent exposure
- Enticing a child

Specific Acts and Omissions in Violation of the Policy

The following acts or omissions are violations of this policy and will not be tolerated or accepted during any church activity or program, and are to be immediately reported to the designated program staff after the safety of the minor involved has been assured.

- Any direct observations or evidence of sexual activity in the presence of, or association with, a minor
- Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a minor
- Sexual advances or sexual activity of any kind between any person and a minor
- Infliction of physically abusive behavior or bodily injury to a minor
- Physical neglect of a minor, including failure to provide adequate supervision during any organized activities of St. Matthew’s Lutheran Church
- Mental or emotional injury to a minor caused or exacerbated by a worker
- The presence or possession of obscene or pornographic material at any function of St. Matthew’s Lutheran Church
- The presence, possession, or being under the influence of any illegal or illicit drugs.
- The possession, consumption, or being under the influence of illegal or illicit drugs or alcohol while leading or participating in a function for minors of St. Matthew’s Lutheran Church.
Child Protection Policy
St. Matthew’s Lutheran Church
The Exception to the “Two Adult Rule” Report

Name of Adult: _______________________________  Date report filed: _________

Date of occurrence: __________________________

Location: _____________________________________

Length of time second adult absent: __________________________

Other adults in the building/ near location? __________________________

Situation: _______________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Any incident to report? ____________________________________________________
_______________________________________________________________________

If accident or injury occurred, fill out the Accident/Injury Report Form A-13.

Name of child/youth(s) ____________________________________________________

Parent, guardian or emergency contact notified? ________________ Time: __________

Additional notes:

Form is returned to supervisor or pastor – to be filed in the office.

Supervisor Signature: _______________________________  Date report filed: _________
Child Protection Policy

St. Matthew’s Lutheran Church

Covenant Statement for Volunteers Under the Age of 18 Years

St. Matthew’s Lutheran Church is committed to providing a safe and secure environment for all children, youth, and volunteers and staff who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation’s commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. Any volunteer who has 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. Survivors of childhood sexual or physical abuse need the love and acceptance of this church family. Being a survivor of childhood abuse does not necessarily disqualify a youth or adult from volunteering to work with children or youth, but a survivor of any form of abuse should talk to the pastor before working with children or youth.
3. Youth Volunteers shall read and understand the Child Protection Policy that governs adult volunteers and employees who work with children and youth. Youth volunteers serve under the supervision of qualified adult volunteers or staff members. Youth volunteers do not constitute the “second person” in the “Two-Adult Rule” outline in the Policy Section of the Child Protection Policy document.
4. Youth volunteers shall attend training and educational events provided by the church both to learn effective ways to work with children and youth and to become informed of the church policies and state laws regarding child abuse.
5. Youth volunteers shall immediately report any behavior that seems abusive or inappropriate to the supervising adult volunteer, a staff member, or the pastor.

I have read this “Child Protection Policy” Covenant Statement for Volunteers Under the Age of 18 Years and attached policies and agree to observe and abide by the Covenant Statement and all church policies pertaining to it regarding working with children and youth.

________________________________________________________________________
Date                                        Signature of Applicant
________________________________________________________________________
Supervisor or Pastor Signature            I understand my young person will abide by the Child Protection Policy of St. Matthew’s
________________________________________________________________________
Signature of Parent
Date of accident/injury: __________________________

Time of accident/injury: __________________________

Name of participant injured: _______________________________________________

Address of participant injured: _______________________________________________

Location of accident/injury: ________________________________________________

Parent, guardian or emergency contact notified: ______________________________

Names of person(s) who witnessed the accident:

Name: _________________________________ Phone: _______________________

Name: _________________________________ Phone: _______________________

Name: _________________________________ Phone: _______________________

Describe accident/injury:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

First aid treatment:
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

EMS contacted? _________________________________________________________

Signature of person submitting report
St. Matthew’s Lutheran Church  
B-1  
Adult Volunteer Information

Name: _____________________________________________________________________________

Address: ___________________________________________________________________________

_________________________________________________________________________________
_________________________________________________________________________________

Telephone: (Home)____________________ (Work) ____________________ (Cell)___________________

E-mail Address: _________________________________________________________________________

Date of Birth: _____/_____/_______

Emergency Contact:____________________________________ Phone:_____________________________

Health Concerns and/or Allergies:________________________________________________________

Please check any that apply: _____ Member of SMLC _____Member of Thrivent _____Student Intern  
_____Senior Aide _____AmeriCorps

VOLUNTEER SERVICE   In what ministry area are you interested in volunteering?

☐ Nursery Ministry (Birth through Age 2)  
☐ Tot’s Morning Out (Birth through Age 5)  
☐ Pre-school Ministry (Age 3 through Age 5)  
☐ Children’s Ministry (Grades K-5)  
☐ AS Kids  
☐ Alleluia Choir (Grades K-6)  
☐ Youth Choir (Grades 6-12)  
☐ Order of St. Matthew’s (Grades 6-12)  
☐ Club 45 (Grades 4-5)  
☐ Confirmation Ministry (Grades 6-8)  
☐ Genesis Youth Group ( Grade 6-12)  
☐ Wednesdays Together!  
☐ AS Kids Thursday Family Night  
☐ SMILE (Summer Program)  
☐ Vacation Bible School  
☐ School Readiness Camp (Summer Camp)  
☐ Computer Classes  
☐ English as a Second Language  
☐ Food Pantry  
☐ Quality Time Respite Care Companion  
☐ Cinderella Project  
☐ Afternoon Tea  
☐ Other______________________________
Why are you interested in volunteering for ministry?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you volunteered at St. Matthew’s Lutheran Church before?

______ Yes       ______ No

If Yes, in what capacity did you volunteer? __________________________________

If No, what prior volunteer experience do you have? __________________________

________________________________________________________________________

Do you have First-Aid training?   ____ No  _____ Yes    Date of Certification____
Do you have Adult CPR training?   ____ No  _____ Yes    Date of Certification____
Infant/Child CPR training?       ____ No  _____ Yes    Date of Certification____
Have you completed a Child Protection Training? __No  _____ Yes
If yes, what program?____________Where?____________When?________

At St. Matthew’s Lutheran Church, we are a vibrant community of faith, through which we grow together in worship, prayer, education, fellowship, and missions. In joyful response to God’s Love, the people of St. Matthew’s Lutheran Church are called to:

- **Proclaim** the Good News of God’s love in Christ;
- **Celebrate** the sacraments;
- **Serve** all people in word and deed;
- **Inspire** people to learn and share God’s Word;
- **Nurture** one another in the Grace of God; and
- **Accept** one another in love.

I acknowledge my acceptance of the above written mission statement of St. Matthew’s Lutheran Church and agree to carry out my volunteer responsibilities in accordance with it and the policies of this church.

______________________________________________  Date: ___________________
Volunteer Signature
Child Protection Policy
St. Matthew’s Lutheran Church
Knowledge of Suspected Incident of Child Abuse

1. Name of worker (paid or volunteer) observing, receiving disclosure or any information of suspected abuse of a minor:

_______________________________________________________________________

2. Minor’s name: _____________________________________________________
   Minor’s age/ date of birth: ___________________________________________

3. Informant’s name (if applicable):_______________________________________

4. Date/ Place of initial conversation with/ report from minor or informant:
   ____________________________________________________________________
   ____________________________________________________________________

5. Minor’s or informant’s statement (give detailed summary here):
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________

6. Does minor appear to be injured? No______ Yes_____ 
   If yes, the Accident/Injury Report Form A-13 must be completed and attached to this Knowledge of Suspected Abuse Form.

7. Name of person accused of abuse: _________________________________________
   Relationship of accused to minor (paid staff, volunteer, family member, other):
   ____________________________________________________________________

8. Report to Child Protection Team: ____________________________
   Date/Time: _________________
   ____________________________________________________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________
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PARENTAL PERMISSION AND RELEASE

The undersigned represent that we are the parent(s) or legal guardian(s) of ________________________________________ ("Child") and that we have the authority to enter into this Release on Child’s behalf. In consideration for Child’s participation in ________________________________________ (the “Activity”) we agree as follows:

1. We grant permission for Child to fully participate in the Activity;
2. We release, discharge and hold harmless St. Matthew’s German Evangelical Lutheran Church, its council members, employees and program volunteers, including but not limited to those of the St. Matthew’s Community Outreach Center, (collectively “SMLC”) from any and all claims, liabilities or demands whatsoever for personal injury, sickness, death, property damage or expense, of any nature whatsoever, which may be incurred by the undersigned or Child in connection with Child’s participation in the Activity, except to the extent that such injury, sickness, death, property damage or expense is incurred as the result of the gross negligence or intentional misconduct of SMLC;
3. We assume all risk of personal injury, sickness, death, damage and expense incurred, directly or indirectly, as a result of Child’s participation in the Activity;
4. We grant SMLC permission to seek medical treatment it deems necessary for Child while engaged in the Activity. We agree to assume liability for all costs associated with that treatment;
5. We grant permission to SMLC to furnish transportation, food, and lodging to Child as it deems appropriate;
6. We agree to assume all transportation costs incurred on behalf of Child in the event that SMLC determines, for any reason, that it is necessary or advisable for Child to return home;
7. We agree to defend, indemnify and hold SMLC harmless from and against any and all claims, demands, liabilities, and damages whatsoever resulting, directly or indirectly, from the negligence or intentional conduct of Child.

Child’s name: ______________________________     DOB: ______________________________

Social Security Number: ___________________________ (Optional)

Home Address: ______________________________     Preferred Hospital: __________________

____________________________________________________________________________

Medical Insurance: ___ Yes ___ No

Insurance Company: __________________________     Policy #: __________________________

Parent or Guardian__________________________     Phone: __________________________

Emergency Contact: __________________________     Phone: __________________________

Relationship to Child: __________________________

Emergency Contact: __________________________     Phone: __________________________

Relationship to Child: __________________________

Doctor: ______________________________________ Phone: __________________________

(Both parents, if applicable, must sign unless separated or divorced. In such case the custodial parent must sign.)

____________________________________       Dated: ______________________

Father

____________________________________       Dated: ______________________

Mother

____________________________________       Dated: ______________________

Legal Guardian

(List all allergies, special medical needs or problems below. Attach additional pages if necessary.)

Prescribed Medicine: _________________________ OTC Medicine: _________________________
Child Protection Policy
St. Matthew’s Lutheran Church
Report of Suspected Incident of Child Abuse
To be completed by Child Protection Team

1. Name of worker (paid or volunteer) observing or receiving disclosure of suspected abuse of a minor:
_______________________________________________________________________

2. Minor’s name: _____________________________________________________
   Minor’s age/ date of birth: ___________________________________________

3. Date/ Place of initial conversation with/ report from minor: ________________
_______________________________________________________________________

4. Minor’s statement (give detailed summary here): ___________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

5. Does the minor appear to have an injury? No ____ Yes____
   If yes, the Accident/Injury Report Form A-13 must be completed and attached to this Report of Suspected Abuse.

6. Name of person accused of abuse: ____________________________
   Relationship of accused to victim (paid staff, volunteer, family member, other):
_______________________________________________________________________

7. Report to pastor: ____________________________ Date/Time: ________________
   Summary: __________________________________________________________________
8. Call to minor’s parent/guardian: ___________________________________________
   Date/ time: ________________________  Spoke to: ___________________________
   Summary: ______________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. Call to local children and family service agency (name): ________________________
   Date/ time: ________________________  Spoke to: ___________________________
   Summary: ______________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. Call to local law enforcement agency: ______________________________________
    Date/ time: ________________________  Spoke to: ___________________________
     Summary: ______________________________________________________________

________________________________________________________________________

11. Other contacts: _________________________________________________________
    Date/ time: ________________________  Summary: ____________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of person submitting report               Date
Child Protection Policy
St. Matthew’s Lutheran Church
Volunteer Application

This application is to be completed by all applicants for any position involving the supervision or custody of minors. It is being used to help the church provide a safe and secure environment for those children and youth who participate in our programs and use our facilities.

Name: ____________________________________________  __________________________
   Last                                                      First                        Middle

Present address: ______________________________________________________________

City: __________________________ State: ___________ Zip: ____________________

Phone number: ___________________ Work number: _____________________________
   (If applicable)

Identity must be confirmed with a state driver’s license or other photographic identification.
Date confirmed/copied: ________________________________

I.D. or Driver’s License Number:______________________State of Issue:__________
Expiration Date:____________________________________

The following information must be completed and will be kept confidential in a secured file:
   ___Volunteer Information                 Date received: ________________
   ___Child Protection Policy read          Date signed: ________________
   ___Covenant Statement read               Date signed: ________________
   ___Release and Authorization for Background Check Date signed: ________________
   ___Training session scheduled and completed Date completed: ________________
   ___Three references with at least two written or documented references:
       1.____________________________________________________________________
       Date returned: __________________ Date checked:_____________________
       2.____________________________________________________________________
       Date returned: __________________ Date checked:_____________________
       3.____________________________________________________________________
       Date returned: __________________ Date checked:_____________________

Have you ever been accused, arrested for, charged with, convicted of, or pleaded guilty to a crime, either misdemeanor or a felony (including but not limited to drug related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Answering “yes” to this question does not automatically disqualify you from service. No ________ Yes ________

If yes, please explain fully – attach a separate page if necessary.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Pastor or Supervisor  ___________________________  Date: ________________
Child Protection Policy
St. Matthew’s Lutheran Church
Volunteer/Employee – Short Form

This form is to be completed by volunteers or employees if they have sufficiently completed an application within the past 3 – 5 years.

I have read and understand St. Matthew’s Lutheran Church’s Child Protection Policy.

Yes_______   No________

I have completed the Volunteer or Employment Application in the past 3 – 5 years.

Yes_______  No________

I verify that all the information I provided on the Child Protection Policy Application is still correct and truthful. Since the completion of my Child Protection Policy Application dated above, I certify that there have been no changes to my motor vehicle report or my Criminal Background Check (where applicable to my volunteer service or employment) that would prohibit me from volunteering or working with minors.

_______________________________________________ Date: ___________________
Volunteer’s/Employee’s Signature

_______________________________________________
Volunteer’s/Employee’s Name (please print)

For Office Use Only:

Date of completed application on file: ______________________

Date of last completed training course: ______________________
St. Matthew’s Lutheran Church
Reference Checks

Please list three personal references (people not related to you by blood or marriage) from which we contact at least two. Include at least one reference who has known you for a minimum of five years.

Volunteer’s Name: ________________________________________________________

References:
Name: ____________________________ E-mail Address: _____________________
Street Address: ___________________________________________________________
City, State, Zip: ____________________________
Daytime Phone: (_______) ________________________ Length of Relationship: _____

Name: ____________________________ E-mail Address: _____________________
Street Address: ___________________________________________________________
City, State, Zip: ____________________________
Daytime Phone: (_______) ________________________ Length of Relationship: _____

Name: ____________________________ E-mail Address: _____________________
Street Address: ___________________________________________________________
City, State, Zip: ____________________________
Daytime Phone: (_______) ________________________ Length of Relationship: _____
Applicant name:_____________________________________________________
Reference name:_____________________________________________________
Reference address:__________________________________________________
Reference phone:____________________________________________________

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. How well do you know the applicant?

4. How would you describe the applicant?

5. How would you describe the applicant’s ability to relate to children and/or youth?

6. How would you describe the applicant’s ability to relate to adults?

7. How would you describe the applicant’s leadership abilities?

8. How would you feel about having the applicant as a volunteer or paid worker with your child and/or youth?

9. Do you know of any characteristics that would negatively affect the applicant’s ability to work with children and/or youth?

10. Do you have any knowledge that the applicant has ever been convicted of a crime?  
    If so, please describe.

11. Please list any other comments you would like to make:

Reference inquiry completed by__________________________________________

__________________________________                  ________________
Signature                                       Date
Child Protection Policy
St. Matthew’s Lutheran Church
Personal Interview Record

Name: _______________________________________

Date: ___________________

Interviewer(s): ________________________________

Please check the questions as they are being discussed with the applicant. Make notes as desired.

- If a member of St. Matthew’s Lutheran Church, how long? ___________
- What circumstances brought you to St. Matthew’s Lutheran Church?

- What is your church background?

Tell us/me about yourself:
- Your family when you were growing up
- Your family today
- What activities occupy most of your waking hours
- Hobbies
- Other activities you participate in at St. Matthew’s Lutheran Church
- Where you are in your faith

Review the Volunteer’s Information with them.

Tell us/me about your **previous experience** with children

- What did you enjoy most? ________________________________
- What did you find unpleasant or difficult? ________________________________
- Tell me about your views on discipline. ________________________________

- Why are you choosing to work with children/ youth ministry with children/ youth here?

- How can you contribute to this ministry? ________________________________

- What are your expectations of the experience? ________________________________

Briefly overview the Child Protection Policy with the applicant:

- Talk with the applicant about available ministry opportunities.
- Agree on an area of ministry (pending background and reference checks).
- Acquaint the applicant with the next step, including any required training.
- Answer any questions the applicant has.

Additional Comments: _____________________________________________________
In connection with my application for volunteer service or employment with St. Matthew’s Lutheran Church, I authorize St. Matthew’s Lutheran Church to solicit background information relative to my criminal record history. I understand that St. Matthew’s Lutheran Church may conduct inquiries into my background that may include criminal records, personal references and other public record reports pertaining to me.

The information contained in this application is current to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children or youth work. In consideration of the receipt and evaluation of this application by St. Matthew’s Lutheran Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including collectively and individually, from any and all liability for damages of any kind or nature which may at anytime result to me, my heirs, or family on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THE RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Name: _________________________, ___________________________   ___________
       Last           First           Middle
Maident Name: _________________________________
Date of Birth: _________________________ Place of Birth: _______________________
Social Security Number: _________________________________
Current Address: ______________________________________________
City, State, Zip: ______________________________________________
How long at this address: _________________________________

Applicant’s Signature: _______________________________ Date: ______________
Witness: _______________________________ Date: ______________
I, ____________________________ , hereby authorize St. Matthew’s Lutheran Church to request the appropriate authorities (local, state or federal law enforcement agencies) to release information regarding any record of charges or convictions contained in its files, or any criminal file maintained on me, whether said file is a local, state, or national file, and 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 release said law enforcement departments from all liability that may result from any such disclosure made in response to this request.

Print Full Name:_________________________________________________________________

Print all other names that have been used by applicant (if any):

______________________________________________________________________________

Address________________________________________________________________________

City:______________________________ State:_______________ Zip Code:__________

Social Security Number:_______________________________ Sex: ___M   ___F

Date of Birth:_________________________ Place of Birth:___________________________

Driver’s License Number:_____________________________ State of Issue:___________

License Expiration Date:_____________________________

The above information is correct

__________________________________________   __/___/______

Signature of Applicant                      Date

Request sent to:
Child Protection Team - Confidential
St. Matthew’s Lutheran Church
405 King Street
Charleston, SC 29403

Phone: 843-723-1611   email: ______________@smlccharleston.org
Child Protection Policy

Leader/Sponsor Code of Ethics and Rules

While acting in our capacity as Leader or Sponsor of Youth/Children of St. Matthew’s Lutheran Church, the following rules shall apply.

1. Smoking or using tobacco products in the presence of minors is prohibited.
2. Using, possessing, or being under the influence of alcohol, illegal, or illicit drugs will not be tolerated.
3. Volunteers, sponsors or employees responsible for minors shall not abuse such minors including:
   a. Any direct observations or evidence of sexual activity in the presence or in association with a minor;
   b. Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards a minor;
   c. Sexual advances or sexual activity of any kind between any person and a minor;
   d. Sexual advances or sexual activity of any kind to a minor(s);
   e. Infliction of physically abusive behavior or bodily injury to a minor;
   f. Physical neglect of a minor, including failure to provide adequate supervision in relation to the activities of St. Matthew’s Lutheran Church.
   g. Mental or emotional injury to a minor;
   h. The presence or possession of obscene or pornographic materials at any function of St. Matthew’s Lutheran Church.
   i. The presence, possession, or being under the influence of any illegal, illicit drugs;
   j. The consumption of or being under the influence of alcohol while leading or participating in a function for minors of St. Matthew’s Lutheran Church.
4. Limit access to the locked records related to the Child Protection Policy to the individual(s) designated by the Child Protection Team.
5. Periodically update Volunteer Information Forms.
6. Sponsors and volunteers must treat all people of all races, religions, and cultures with respect and consideration.
7. Sponsors and volunteers shall not use or tolerate the use of profanity in the presence of minors.
8. Sponsors and volunteers will portray a positive role model for minors by maintaining an attitude of respect, loyalty, patience, courtesy and maturity.
9. Sponsors and volunteers will be expected to act and react with Christian love and understanding in all situations.
10. Sponsors will do everything in their power to avoid being put in a situation where they are alone with a minor other than their own.
11. I understand as a sponsor or volunteer with minors for St. Matthew’s Lutheran Church I will be subject to a background check, including criminal history.
12. I understand that any violation of this code may be grounds for removal as a sponsor or volunteer with minors.

Print Name________________________________________ Date__________________

Applicant’s Signature______________________________________________________
St. Matthew’s Lutheran Church
Covenant Statement

St. Matthew’s Lutheran Church is committed to providing a safe and secure environment for all children, youth, and volunteers and staff who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation’s commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. All adult volunteers and employees will be screened to assure their suitability for work with children. No adult who has been convicted of child abuse (sexual, physical, or emotional) should volunteer to work with children or youth in any church-sponsored activity.

2. Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his/her willingness with the pastor before accepting an assignment.

3. Adult volunteers and employees who work with children and youth shall observe the “Two-Adult Rule” except in the circumstances outlined in Part II – A-3 of the Child Protection Policy.

4. Adult volunteers and employees shall attend training and educational events provided by the church both to learn effective ways to work with children and youth and to become informed of the church policies and state laws regarding child abuse.

5. Adult volunteers shall immediately report any behavior that seems abusive or inappropriate as outlined Part III of the Child Protection Policy.

I have read this Child Protection Policy Covenant Statement and attached policies and agree to observe and abide by the Covenant Statement and all church policies pertaining to it regarding working with children and youth.

______________________________  ______________________________
Date  Signature of Applicant

______________________________
Print Full Name

______________________________  
Supervisor or Pastor Signature
Name: ____________________________________________________________

Last                                                                     First                                                                     Middle

Present address: _______________________________________________________

City: _____________________ State: _______ Zip: _________________________

Phone number: _______________ Work number: ____________________________

(If applicable)

Are you over the age of 18?  Yes_______  No_________

Emergency Contact: ______________________  Phone number:___________________

Identity must be confirmed with a state driver’s license or other photographic identification.
Date confirmed/copied:___________________________

I.D. or Driver’s License Number:_________________________ State of Issue:________

Expiration Date:_______________________________

Position applied for: _________________________________________________

Date you are available to start: _________________________________________

The following information must be completed and will be kept confidential in a secured file:

___Employee Application  Date received: __________________

___Child Protection Policy read  Date signed:_______________

___Covenant Statement read  Date signed:___________________

___Release and Authorization for Background Check  Date signed:_______________

___Training session scheduled and completed  Date completed:_______________

___Three references with at least two written references
  1.________________________Date returned:________Date checked:_______
  2.________________________Date returned:________Date checked:_______
  3.________________________Date returned:________Date checked:_______

___ Date of Initial Drug Screening Test:________ Results:______________
Qualifications:
Academic achievements (schools attended, degrees earned, dates of completion)

________________________________________________________________________

Continuing Education and Professional Organizations (if applicable)

________________________________________________________________________

Do you have First-Aid training? _____ No _____ Yes Date of Certification __________
Do you have Adult CPR training? _____ No _____ Yes Date of Certification __________
    Infant/Child CPR training? _____ No _____ Yes Date of Certification __________
Have you completed a Child Protection Training? _____ No _____ Yes
If yes, what program? __________________________ Where? ______________________ When? ________

Previous Work Experience: Please attach your Résumé or list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of your company/employer, the name of immediate supervisor, and the dates you were employed in each position.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Previous Volunteer Experience: Please list any relevant volunteer positions you have held and list the duties you performed in each volunteer position, the name of your supervisors, the address and phone number of the volunteer organization, and the dates of your service.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever been accused, arrested for, charged with, convicted of, or pleaded guilty to a crime, either misdemeanor or a felony (including but not limited to drug related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Answering “yes” to this question does not automatically disqualify you from service. No__________ Yes________

If Yes, please explain fully – attach a separate page if necessary.
Please list three personal references (people not related to you by blood or marriage) from which we contact at least two. Include at least one reference who has known you for a minimum of five years.

Volunteer’s Name: ____________________________________________________________

References:
Name: ___________________________ E-mail Address: ____________________________

Street Address: ______________________________________________________________

City, State, Zip: ____________________________

Daytime Phone: (______) ________________________ Length of Relationship: __________

Name: ___________________________ E-mail Address: ____________________________

Street Address: ______________________________________________________________

City, State, Zip: ____________________________

Daytime Phone: (______) ________________________ Length of Relationship: __________

Name: ___________________________ E-mail Address: ____________________________

Street Address: ______________________________________________________________

City, State, Zip: ____________________________

Daytime Phone: (______) ________________________ Length of Relationship: __________
In connection with my application/employment with St. Matthew’s Lutheran Church, I agree to submit to a drug screening test(s) now and for cause thereafter. I understand that if I fail to pass a drug screening test I will not be hired and if employed, I may be terminated.

Applicant’s/Employee’s Signature: _________________________________ Date: ____________