

Background Check for Children and Youth Workers INSTRUCTIONS

Question #1: - Who should fill out this form?

Any person age 17 years or older who has contact with children or youth entrusted to your church or camp, including all pastors, associates and paid staff.

Question #2 - On which question(s) should the references be contacted?

All, and notes made and retained as to the comments made by the reference. A question such as “**Do you know of, or suspect, any reason why the applicant would be unsuitable to work with children and/or youth?**” should be asked.

Question #3 - On which question(s) should a police background check be made?

All workers over 17 should have a police background check done. As long as the file contains evidence that a police check has been done somewhere within the Intermountain District, and documentation to that effect is on file, the check should only need to be done once.

Question #4 - How should the records be kept and for how long?

Since current law allow criminal prosecution to be initiated up to five years after a child reaches age 18, the records should be kept in a separate file for twenty-three (23) years from the date of signature.

Question #5 - Who should have access to the file?

Normally only the senior pastor (or Executive Camp Director) should have access to the files. However, when the questionnaire is first reviewed, Sunday School officials and others designated to review the questionnaire may review the file.

Question #6 - How should the questionnaire be reviewed?

After the references have been contacted and notes attached summarizing the comments, and the police check has been made where suggested, a review should be made by the senior pastor plus any other appointed or designated to be part of the review committee. Each questionnaire should then be marked “**ACCEPTED**” along with the date if all appears in order. If questions arise over suitability, the questions must be resolved before the questionnaire can be accepted. In a case where a criminal record or disclosure makes the applicant unacceptable, that form should also be retained in the file, but clearly marked, “**UNACCEPTABLE**” and the reason noted. The worker should clearly be advised that he/she is unacceptable, and appropriate steps should be taken to prevent the worker from being involved in ministries involving children and youth.

Question #7 - Can the worker be utilized prior to the completion of the background check?

Yes, providing: (1) there is no indication that the person constitutes a risk to the children and/or youth, and (2) the background check is completed and signed as soon as reasonably possible.

Question #8 - What should I do if I have questions about the form, retention, applicability, or something questionable about the results from disclosure or police check?

Call the District’s general legal counsel, Ralph Erb at (208) 365-6185.

Church of the Nazarene
Background Check for Children/Youth Workers

DISCLOSURE NOTICE

The Church of the Nazarene is sensitive to the needs of families and strives to be protective and responsible in all areas of ministry. This responsibility is especially felt in the Church's care of their children and youth entrusted to us. In order to fulfill this trust, as well as to comply with state law and requirements of our insurance carrier, it is essential that the church screen ALL adults and youth workers who come in contact with children and youth. This questionnaire is an essential part of that process.

The church will exercise prudent control over the release or disclosure of the content of this document. However, confidentiality **cannot be guaranteed**, and the church specifically reserves the right to disseminate any material contained herein when the church, in its sole discretion, deems it necessary or advisable.

NOTE: Upon your signature of this questionnaire, you understand that a nationwide criminal and sex offender background check will be conducted.

QUESTIONNAIRE

Full Name: _____ Soc. Sec.#: _____
(Please print) First Middle Last

Address: _____

City/State/Zip: _____

Previous Address: _____

Date of Birth: _____ Driver's Lic.#: _____ State: _____

Church you attend: _____ Member? YES NO

Ministry Position Applying for: _____ Contact: _____

Please list all states you have lived in over the past ten (10) years: _____

Have you ever abused, endangered, abandoned, or neglected a child under the age of 18 years or been accused of any such action by anyone? YES NO

If YES, please explain fully: _____

Have you ever been convicted of child abuse, endangerment, abandonment, neglect, injury, or any crime involving actual or attempted molestation of a minor (a child under 18 years of age) YES NO

If YES, please explain fully: _____

You may use additional sheets if desired. Have you attached additional sheets? YES NO

PERSONAL REFERENCES

(No Relatives or Former Employers)

Name: _____
Address: _____
City/State/Zip: _____
Telephone: (Home) _____ (Work) _____
Years Known: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: (Home) _____ (Work) _____
Years Known: _____



APPLICANT'S CERTIFICATION and AUTHORIZATION TO RELEASE INFORMATION

I, the undersigned applicant, hereby certify that the information contained in this application is complete and correct to the best of my knowledge. I hereby authorize any references or law enforcement agencies to release any information requested pursuant to this application. I hereby release all such references or law enforcement agencies from any and all liability which may result from releasing any requested information, and I waive any rights that I may have to review records or references provided on my behalf.

Applicant's Signature: _____ Date: _____
Parent/Legal Guardian's Signature: _____ Date: _____
(if applicant is under 18 years of age)

For District Office Use Only:

Questionnaire Received: _____ / _____ / _____ By: _____
Date of Background Check: _____ / _____ / _____ By: _____
Results: **ACCEPTABLE** **UNACCEPTABLE**
Reported to: _____ Phone: _____
Comments: _____

Background Check Worksheet

_____ Church of the Nazarene

Applicant's Name: _____ Date: _____

Reference Name: _____

Address: _____

City/State/Zip: _____

Telephone: (Home) _____ (Work) _____

CONTACT SUMMARY

Person Talked To: _____ Approx. Length of Call: _____ (min)

Length of Time Known: _____ Relationship: _____

Reference Name: _____

Address: _____

City/State/Zip: _____

Telephone: (Home) _____ (Work) _____

CONTACT SUMMARY

Person Talked To: _____ Approx. Length of Call: _____ (min)

Length of Time Known: _____ Relationship: _____

RESULTS

Contactor's Name: _____

Contactor's Recommendation: ACCEPTED UNACCEPTABLE

Final Review By: _____ Date: _____

ACCEPTED UNACCEPTABLE

Any follow up necessary: _____
