

Volunteer Name _____

Background Check _____

Community Serve Location _____

Last updated March 2017

Date _____

Learning Help Centers of Charlotte



Child Protection Policy

Name _____
(please print)

Address _____

Phone _____

Please read and sign this form below

March 2017

Learning Help Centers of Charlotte

REDUCING & ELIMINATING THE RISK OF ABUSE

POLICY STATEMENT

The following policies reflect our commitment to provide protective care to everyone who participates in LHCC serving activities. It is also important that we protect adult volunteers and staff against unfounded allegations of abuse or misconduct. The mission of Learning Help Centers of Charlotte is to serve low income community-based adults and children through programs that build happy, healthy communities. In keeping with this mission, this policy seeks to assure that Learning Help Centers of Charlotte is continually working toward providing an environment safe from physical, emotional and verbal abuse of any kind for those participating in, receiving and providing its ministry services.

1. Adults who have been convicted of abuse should not volunteer services in any activity or program for children, youth or vulnerable adults.
2. Adult survivors of childhood abuse need both love and acceptance. Individuals who have such a history should discuss their desires to work with children or youth with one of the LHCC staff prior to engaging in any volunteer service.
3. All volunteers working with children, youth and vulnerable adults in any LHCC program or activity (“Providers”) are required to be regular attendees of an established church congregation for a minimum of six (6) months and agree to provide references and undergo a background check.
4. All paid staff members working with children, youth or vulnerable adults will have a background check and references verified before employment begins.
5. All Providers must observe the “two leader/open door” rule, which requires any adult working with children, youth or vulnerable adults to be accompanied by another leader and provide visual access to the room in which they are working. Under no circumstances may a Provider be alone in a confined location or room with a child, youth or vulnerable adult.
6. No Provider should have one-on-one contact with children or youth, without prior parental approval and notification of LHCC designate.
7. Providers need to be especially vigilant of children’s unusual behaviors, including bullying, cross-gender advances, and perceivably inappropriate conduct and report such behavior immediately to the LHCC Executive Director. This includes behavior during the transportation of children to and from excursions using LHCC or partner vehicles.
8. Providers are not to transport children or adults in their personal vehicles, unless they receive specific permission from the LHCC Executive Director.
9. All Providers are required to be familiar with our policy and procedures regarding abuse.
10. We welcome infectious disease sufferers with love and acceptance. However, no one who has tested positive with an infectious disease will be permitted to work in our children’s ministry.
11. All Providers should immediately report inappropriate or suspected behaviors to the LHCC Executive Director.

I have read and agree to observe all policies stated. I also pledge that all information I have given is true.

Signature _____ **Date** _____



Please kindly fill in all blanks

Please answer each question below. Your response will be kept completely confidential. If for any reason you prefer not to answer these questions in writing, you may discuss your answers in confidence with the Executive Director.

- Have you ever been convicted of or pleaded guilty to physical or sexual abuse? Yes_____ No_____ If “yes” please explain fully. Attach a separate sheet, if necessary.
- Were you a victim of abuse or molestation while a minor? Yes_____ No_____
- Identify any criminal convictions other than minor traffic offenses

List (names and addresses) of churches or organizations with whom you have served in ministry to children or vulnerable adults during the past 5 years.

Name	Street	City	State	Zip
Contact name			Telephone	
Area of Ministry				

Name	Street	City	State	Zip
Contact name			Telephone	
Area of Ministry				

PERSONAL REFERENCES
Fill in all the blanks
(Please do not list family members)

Name _____

Address _____

Telephone _____

How long known? _____ In what capacity? _____

Name _____

Address _____

Telephone _____

How long known? _____ In what capacity? _____

LEARNING HELP CENTERS OF CHARLOTTE

**CRIMINAL BACKGROUND CHECK
VERIFICATION FORM**

INSTRUCTIONS: Please complete all of the items below (provide addresses for the past 10 years– and use a separate sheet if necessary). Please read the “applicant’s statement” before answering any of the questions. Sign the application and return it to the church office. **PLEASE PRINT OR TYPE ALL INFORMATION.**

Last Name		First Name		Middle/Maiden Name	
Current Address, City State, Zip				County	
Prior Address, City State, Zip				County	
Prior Address, City State, Zip				County	
Prior Address, City State, Zip				County	
Social Security #			Date of Birth (mo/day/yr)		
Drivers License #			State		Male or Female

Applicant’s Statement. I have read this applicant’s statement, understand its contents and agree to the following: The background information that I supply in connection with my volunteer application will be verified to ensure that the information that I provide is accurate in every way. The information to be verified includes any and all information supplied on any application form and information provided in any conversation or interview with any representative of LHCC. This may include discussions with references (personal or business) that I provide. I authorize LHCC and its agents to conduct a thorough inquiry into all areas deemed necessary - all driving and criminal public record information relating to my application may be examined. I specifically release criminal information repositories and courts, law enforcement agencies, personal and professional references from any liability so that they may freely and completely respond to any inquiry relating to my application. For release purposes, a facsimile, or photocopy, of this document will be as valid as the original.

Signature of Applicant

Date

ALL INFORMATION GATHERED WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE VIEWED BY THOSE WHO NEED TO KNOW THE INFORMATION.