

Salem Lutheran Church of Lenexa, Kansas, Inc.
RESTRICTED AND CONFIDENTIAL INFORMATION
SCREENING APPLICATION FOR PERSONS WHO WORK WITH CHILDREN OR YOUTH

This application is to be completed by all person over the age of 12 years who want to serve in any position, paid or unpaid, with Salem Lutheran Church of Lenexa, Kansas, Inc that involves working with children or youth. **This is not an employment application form.** The intent of this application is to help the congregation provide a safe and secure environment for children, youth and paid and unpaid workers who participate in our programs.

The applicant will also complete a *Consent to Criminal History Records Check*, a *Consent to Background Investigation*, a *Child Abuse and Neglect Central Registry Release of Information*, and any other consent or release required by any independent firm retained to do the background investigation, which are to be submitted with the *Screening Application*. This application shall be updated on request or at any time that the information changes.

Application date: _____

CONTACT INFORMATION AND RESIDENTIAL HISTORY

A CURRENT INFORMATION

Name: _____

Present Address: _____

Street Address

City, State, Zip Code

How long at this address? _____ Names Used: _____

Home telephone: _(____)_____ Mobile telephone: _(____)_____

Work telephone: _(____)_____ Email: _____

B: ADDRESSES DURING THE PAST FIVE YEARS AND NAMES USED DURING RESIDENCY

1. Previous address _____
*Street**City, State, Zip*

Dates at that address? _____ Names used: _____

2. Previous address _____
*Street**City, State, Zip*

Dates at that address? _____ Names used: _____

3. Previous address _____
*Street**City, State, Zip*

Dates at that address? _____ Names used: _____

4. Previous address _____
*Street**City, State, Zip*

Dates at that address? _____ Names used: _____

C: EDUCATIONAL HISTORY

Please list each of your post high school educational experiences:

1. Name of Institution Attended: _____

Address: _____

Street

City, State, Zip Code

Names Used: _____

2.

2. Name of Institution Attended: _____

Address: _____

Street

City, State, Zip Code

Names Used: _____

3.

3. Name of Institution Attended: _____

Address: _____

Street

City, State, Zip Code

Names Used: _____

BACKGROUND INFORMATION

A. Have you ever pleaded guilty to or been convicted of any criminal offense or are any criminal changes pending at the present time? Yes No

If yes, please explain. Include the date and nature of the offenses charges, jurisdiction and disposition. A conviction does not automatically mean that you will not be selected. What you were convicted of and how long ago you were convicted are important. Please give all the facts so that an informed decision can be made. (Attach a separate page if necessary)

B. Are you currently under investigation for any criminal activity involving a minor or vulnerable adult? Yes No If yes, please explain. _____

C. Have you been registered as a Sex Offender in Kansas or any other state, or listed on any other registry for any criminal activity involving a minor? Yes No If yes, please indicate the date, nature and jurisdiction of the record.

D. Have you ever been registered by the Kansas Department of Social and Rehabilitation Services on the Child Abuse and Neglect Central Registry, or the equivalent registry in another state? Yes No If yes, please indicate state and date of registry. _____

E. Do you have a current driver's license? Yes No
If yes, list state issue and license number _____

CHURCH HISTORY AND INVOLVEMENT WITH CHILDREN & YOUTH

A. PRESENT CHURCH INVOLVEMENT

Are you a member of Salem Lutheran Church? Yes No

If not, name the church where you are a member _____

Do you regularly attend Salem Lutheran Church? Yes No

How long have you been a member or been regularly attending Salem? _____

B. OTHER CHURCHES YOU HAVE ATTENDED REGULARLY OR BEEN A MEMBER OF DURING THE PAST FIVE YEARS

1. Church Name _____

Address _____

Street

City, State, Zip Code

Telephone _____ Dates Attended _____

Type of work performed involving youth or children

2. Church Name _____

Address _____

Street

City, State, Zip Code

Telephone _____ Dates Attended _____

Type of work performed involving youth or children

3. Church Name _____

Address _____

Street

City, State, Zip Code

Telephone _____ Dates Attended _____

Type of work performed involving youth or children

C. PREVIOUS NON-CHURCH WORK INVOLVING CHILDREN OR YOUTH (PAID OR UNPAID)

1. Name of Organization _____

Address _____

Street

City, State, Zip Code

Telephone _(____)_____ Dates: _____

Type of work performed _____

2. Name of Organization _____

Address _____

Street

City, State, Zip Code

Telephone _(____)_____ Dates: _____

Type of work performed _____

3. Name of Organization _____

Address _____

Street

City, State, Zip Code

Telephone _(____)_____ Dates: _____

Type of work performed _____

NAMES AND AGES OF YOUR OWN MINOR CHILDREN, IF ANY

Name of child:

Age of child

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL REFERENCES

(Not a former employer or relative. One reference must be a member of Salem)

1. Name _____

Address _____

Street

City, State, Zip Code

Telephone _____ How long have you known? _____

How do you know this person? _____

2. Name _____
Address _____
Street *City, State, Zip Code*
Telephone _____ How long have you known? _____
How do you know this person? _____

3. Name _____
Address _____
Street *City, State, Zip Code*
Telephone _____ How long have you known? _____
How do you know this person? _____

APPLICANT'S STATEMENT

The information contained in this application is true and correct to the best of my knowledge. I agree to update the information provided by me in the event of a change in circumstances.

I authorize any reference, churches or other organizations listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with children and youth. I am aware that I am subject to a criminal records and background check.

In consideration for the receipt and evaluation of this application by Salem, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages or whatever kind or nature which may result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization and from furnishing such evaluations to Salem, excepting only the communication of knowingly false information or made with legal malice. I waive any right I may have to inspect references provided on my behalf.

I have received a copy of and read the *Child Protections Policy of Salem Lutheran Church of Lenexa, Kansas*, in effect as of the date of this application. Should my application be accepted, I agree to abide by the policies of Salem and agree to behave in a manner that honors and respects children and youth and protects them from harm in the performance of my services on behalf of the congregation.

I further state that I have **currently read the foregoing release and know the contents, and I sign this release as my own free and voluntary act.** This is a legally binding agreement which I have read and understand. If I do not understand this agreement, I have the right to consult with my own attorney.

Dated _____
Applicant's Signature

Salem Lutheran Church of Lenexa, Kansas, Inc.
CONSENT TO CRIMINAL HISTORY RECORDS CHECK

I hereby consent to and request that Salem Lutheran Church of Lenexa, Kansas, Inc., in consideration of my application to work, as an employee or volunteer, with children and youth in its children's ministries, conduct a check of public records on me, including a check of my adult conviction and criminal history records information, police records, driving records, and other public records maintained on me whether local, state, or national. I hereby request and authorize any person or entity who maintains such records to release them to Salem, its designee or assigns. This Consent shall be a continuing and ongoing consent to perform a criminal history records check during any time that I continue to provide any service to or participate in any church-sponsored child ministry, whether on a random or periodic basis. I understand that this check will be repeated at least every three years. I agree to update the Consent in the event any information requested has changed since I last signed this Consent and provide a new Consent in the event I continue to serve for more than three years. This Consent shall expire forty-two months after the date it was signed.

I hereby release Salem Lutheran Church of Lenexa, Kansas, Inc., its members, employees, agents, and assigns, and any person or entity which provides information pursuant to this authorization, from any and all liability resulting from such disclosure.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge. *(Please print all information.)*

Full Legal Name: _____

Birth Name: _____

All previous names: _____

All Aliases: _____

Present address: Street: _____ How long? _____

City/State/Zip: _____

Former address: Street: _____ How long? _____

City/State/Zip: _____

Former address: Street: _____ How long? _____

City/State/Zip: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Driver's License number: _____ State of License: _____

Today's Date: _____

(Applicant's Signature)

Salem Lutheran Church of Lenexa, Kansas, Inc.
CONSENT TO BACKGROUND INVESTIGATION

I hereby authorize Salem Lutheran Church of Lenexa, Kansas, Inc. (after this "Salem") and/or its agents to make an independent investigation of my background, references, character, past and present employment, education, criminal and police records, driving records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Screening Application and/or other information, which may be material to my qualifications as a volunteer or for employment now, and if applicable, during the time of my volunteering or employment with Salem. This Consent shall be a continuing and ongoing consent to perform a background and references check during any time that I continue to provide any service to or participate in any church-sponsored child ministry, whether on a random or periodic basis. I understand that this investigation will be repeated at least every three years. I agree to update the Consent in the event any information requested has changed since I last signed this Consent and provide a new Consent in the event I continue to serve for more than three years. This Consent shall expire forty-two months after the date it was signed.

I hereby release Salem and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

(Present Name)

(Birth Name and Any Other Names Used Other than Above)

Present Address: Street: _____ How long? _____

City/State/Zip: _____

Former Address: Street: _____ How long? _____

City/State/Zip: _____

Former Address: Street: _____ How long? _____

City/State/Zip: _____

Date of Birth: _____ Social Security Number: _____

Driver's License number: _____ State of License: _____

Date: _____

(Applicant's Signature)

Kansas Department of Social and Rehabilitation Services
Child Abuse and Neglect Central Registry
PO Box 2637
Topeka, KS 66601

Child Abuse and Neglect Central Registry
Release of Information

I, _____, give permission for the release of any information
(please print complete first, middle and last name)

concerning myself in the Child Abuse and Neglect Central Registry to:

Contact Person: _____

Agency Name: _____

Mailing address: _____

Phone Number (____) _____

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

**Please complete the information below by printing in ink.
Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.**

First, Middle and Last Name: _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or Other Names

Used: _____

(Use N/A if no other names used.)

Date of Birth: _____ Race: _____

Social Security # _____ Gender: Male Female

Signature: _____

Date: _____

Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA, KNI, Dept. Of Education-Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states.

For Central Registry Use Only

___ FEE ATTACHED

Salem Lutheran Church of Lenexa, Kansas, Inc.

**CERTIFICATION OF TRAINING AND/OR
CERTIFICATION OF REVIEW OF THE CHILD PROTECTION POLICY**

I, _____, hereby certify that as of the date set out below, I have:

A. Policy Review:

Received and reviewed the current edition of the Child Protection Policy of Salem Lutheran Church of Lenexa, Inc.

B. Training:

I have attended all training and orientation courses required by the policy to begin serving as a worker in a church-sponsored ministry involving children or youth at Salem. I attended the following named training on this date:

OR

I have attended all in-service or refresher courses required by the policy to continue serving as a worker in a church-sponsored ministry involving children or youth at Salem. I attended the following named training on this date:

OR

I have viewed the pre-approved online training resource or tool.

Dated: _____

(Signature)

RECORD OF PERSONAL INTERVIEW AND BACKGROUND CHECK OF AN APPLICANT FOR WORK WITH CHILDREN OR YOUTH

*To be completed by designated staff person and kept in a confidential file.
All records of reference and background checks and the results are to be attached.*

Applicant's Name: _____

Personal Interview: _____

Arrange Interview: YES NO Date & Time Scheduled: _____

Name & Title of Person Conducting Interview: _____

Place of Interview: _____

Remarks: _____

Background Check:

Central Registry Check? APPROVED NOT APPROVED

Criminal Background Check? APPROVED NOT APPROVED

References Check? APPROVED NOT APPROVED

Screening Decision:

APPROVED NOT APPROVED

for Working with Children & Youth at Salem

If not approved, was the Applicant notified? YES NO

If so, add additional page and state: notified by whom, date and time, and content of discussion.

Dated: _____

(Signature)

Salem Lutheran Church of Lenexa, Kansas, Inc.
(FOR SALEM LUTHERAN CHURCH USE ONLY)

**RECORD OF CONTACT WITH A REFERENCE, ORGANIZATION OR CHURCH IDENTIFIED BY
AN APPLICANT FOR WORK WITH CHILDREN OR YOUTH**

To be completed by designated staff person and kept in a confidential file.

Name of Applicant: _____

Name of Reference: _____

Address of Reference: _____

Name and position of person spoken with: _____

Date and time of contact: _____

Person who made contact on behalf of Salem: _____

Method of Contact: (e.g., telephone, letter, personal conversation) _____

How long has the reference known the applicant? _____

How long was the applicant an employee/member/volunteer at the reference? _____

In what capacities has the applicant been affiliated with the reference? _____

Summary of Conversation: (Summarize the reference's remarks concerning the applicant's fitness
and suitability for work with children or youth.) _____

Ask reference: Would you entrust the care of your child to the applicant?

Response YES NO

Why or why not? _____

Dated: _____

(Signature)

Salem Lutheran Church of Lenexa, Kansas

PARENTAL PERMISSION FORM FOR OVERNIGHT EVENTS

In order for your child to be allowed to participate,
this form must be completed & delivered to Event Leader on or by _____.

Event: _____

Location: _____

Date(s): _____ Start Time: _____ End Time: _____

Child's Name and Age: _____

Parent's Name: _____

Parent's Address: _____

Phone: Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during this event.)

The caregiver listed below will transport my child to the event gathering place and pick up the child at the above stated time, if I cannot.

Caregiver's Name: _____

Caregiver's Address: _____

Phone: Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during this event.)

In the event of an emergency and the parent cannot be reached, please contact:

Contact Name: _____

Contact Address: _____

Phone: Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during this event.)

I am the parent or legal guardian of the above-named child or youth. I hereby consent and give my permission for my named child to participate in the above over-night event. I further agree to pick up each child at the time the event is published to end or to designate a caregiver to pick up my child prior to delivering the child to the event. I hereby acknowledge that the Salem Lutheran Worker, who is in charge of this event, has explained to me the sleeping arrangements and with whom my child will be sharing a room. I hereby consent to said arrangements.

Date: _____

(Signature of parent)

OFF-SITE EVENT FORM

Event: _____

Location: _____

Date: _____ Start Time: _____ End Time: _____

List the names of all Workers supervising the event:

_____	_____
_____	_____
_____	_____
_____	_____

List the names of all children and youth involved in the event:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How will transportation be provided for the event? _____

Will child protection/car seats be necessary? YES NO

If so, indicate (x) above which children need seats.

A current Driver's Form for those persons driving must be on file in the church office.

Date: _____

(Signature of Supervising Worker)

Salem Lutheran Church of Lenexa, Kansas, Inc.
**PARENTAL PERMISSION FORM FOR OFF-SITE EVENTS AND
TRANSPORTATION TO AND FROM OFF-SITE EVENTS**

In order for your child to be allowed to participate, this form must be completed & delivered to Event Leader on or by _____, 200__.

Event: _____

Location: _____

Date(s): _____ Start Time: _____ End Time: _____

<i>Name of Child</i>	<i>Age of Child</i>	<i>Height and Weight if less than 14 years old</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If my child is less than 14 years old, I will provide a child passenger restraining seat that complies with Kansas law to the driver to this event to use for my child: YES NO

Parents' Names: _____

Parents' Address: _____

Phone #s Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during this event.)

The caregiver listed below may deliver my child to the event gathering place and pick up the child at the above stated time, if I am unavailable.

Caregiver Name: _____

Caregiver Address: _____

Phone #s Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during this event.)

In the event of an emergency and the parent cannot be reached, please contact:

Contact Name: _____

Contact Address: _____

Phone #s Cell: _____ Home: _____ Work: _____

(Circle best phone number to contact during this event.)

I am the parent or legal guardian of the above-named child or youth. I hereby consent and give my permission for my named child to participate in the above event and be transported to and from that event by a driver selected by Salem. I further agree to pick up each child at the time the event is published to end or to designate a caregiver to pick up my child prior to delivering the child to the event.

Date: _____

(Signature of Parent)

OFF-SITE TRANSPORTATION DRIVER'S FORM

Event: _____

Location: _____

Date: _____ Start Time: _____ End Time: _____

Driver's Name: _____

Driver's Address: _____

Phone #s Cell: _____ Home: _____ Work: _____

Driver's License Number: _____ State: _____

(Attach a photocopy of your driver's license.)

Driver's Automobile Insurance Company: _____

Auto Insurance Policy #: _____ Expiration date: _____

Do you have sufficient seat belts for each passenger and a child passenger safety restraining system or car seat available for each child and youth that legally must be transported in such seats? YES NO

[See legal requirements for Kansas (K.S.A. 8-1344, as amended)]

Do you agree to be responsible for assuring that each child and youth transported in your vehicle is properly restrained? YES NO

Date: _____

(Signature of Driver)

For Salem Use Only

Insurance Checked: YES NO

Driving Record Checked: YES NO

Approved as Driver for Salem Children's Ministries: YES NO

Date: _____

(Signature of Supervising Worker)

CHILD ABUSE AND NEGLECT REPORTING FORM

When is this report taken? Date: _____ Time: _____

NAME OF THE WORKER OBSERVING OR RECEIVING THE DISCLOSURE OR WHO HAS A REASON TO SUSPECT ABUSE OR NEGLECT:

Name: _____

Address: _____

Phone #s: Cell: _____ Home: _____ Work: _____

Did this person observe the abuse? YES NO

Was this person told of the abuse by someone else? YES NO If yes, by whom?

Name: _____

Address: _____

Phone #s: Cell: _____ Home: _____ Work: _____

When and where was the information received by the reporting worker?

Date: _____ Time: _____ Where? _____

What action was taken? _____

ALLEGED VICTIM'S NAME: _____ Age: _____

Date of Birth: _____ Home Address: _____

ALLEGED VICTIM'S PARENTS (OR PERSONS RESPONSIBLE FOR THE CHILD'S CARE):

Mother: _____

Address: _____

Phone #s: Cell: _____ Home: _____ Work: _____

Father: _____

Address: _____

Phone #s: Cell: _____ Home: _____ Work: _____

WHAT INFORMATION WAS GIVEN BY THE ALLEGED VICTIM?

NAME OF ALLEGED PERPETRATOR: _____

Address: _____

Phone #s: Cell: _____ Home: _____ Work: _____

DATE AND TIME OF THE ALLEGED INCIDENT: _____

PLACE OF THE ALLEGED INCIDENT: _____

ANY OTHER INFORMATION REGARDING THE ALLEGED INCIDENT: _____

DID THE PERSON RECEIVING THE INFORMATION SPEAK WITH THE ALLEGED PERPETRATOR? YES NO

If yes, state: Date: _____ Time: _____

Place of conversation: _____

What was said during the conversation by both parties:

ACTION TAKEN, IF ANY: (for example, suspension): _____

NATURE AND EXTENT OF INJURIES: *(Describe in detail, including any evidence of any prior injuries)*

WHERE THE ALLEGED VICTIM'S PARENTS NOTIFIED? YES NO

If yes, by whom: _____

How Notified? _____ Date: _____ Time: _____

If no, why not? *(Note specific reason)*

WAS THE KANSAS DEPT. OF SOCIAL AND REHABILITATION SERVICES ("SRS") CONTACTED?

YES NO If yes, by whom? _____

Date: _____ Time: _____

If no, why was no call made? _____

Information shared: _____

NAME OF SRS WORKER TAKING THE CALL: _____

Case Number assigned to report: _____

WAS A LAW ENFORCEMENT AGENCY CONTACTED? YES NO

If yes, who made the contact? _____

Which agency was contacted? _____

Date: _____ Time: _____

If no, why was no call made? _____

Information shared: _____

NAME OF OFFICER taking the call: _____
Case Number assigned to report: _____

WAS AN ATTORNEY CONTACTED? YES NO

If yes, Name of Attorney: _____

Address: _____

Phone #s: _____

If yes, who made the call: _____

With whose authority? _____

Date: _____ Time: _____

If no, why was no call made? _____

Information shared: _____

WAS INSURANCE COMPANY CONTACTED? YES NO

If yes, who made the contact:

Date: _____ Time: _____

If no, why was no call made? _____

Information shared: _____

Claim Number of Insurance Report: _____

Print Name of Staff Person taking this Report for Salem: _____

Date: _____

(Signature of Staff Person Taking Report)

Salem Lutheran Church of Lenexa, Kansas, Inc.

POSITION STATEMENT TO BE USED IN RESPONSE TO MEDIA INQUIRIES

(Senior Pastor of Salem is to be Spokesperson for Congregation.)

Salem Lutheran Church of Lenexa, Kansas, adheres to our written policies and procedures for the prevention of any abuse or neglect of our children and youth. Our primary concern is the physical safety and spiritual well being of all children and youth in our care. Any allegation is taken seriously and we pledge full cooperation and follow through with any investigation.

K.S.A. 8-1344

Chapter 8.--AUTOMOBILES AND OTHER VEHICLES

Article 13.--MISCELLANEOUS PROVISIONS

K.S.A. 8-1344. Child passenger safety; restraining systems for children under the age of four; use of booster seats, when; use of seat belts by children, when; exceptions. (a) Every driver as defined in K.S.A. 8-1416, and amendments thereto, who transports a child under the age of 14 years in a passenger car as defined in K.S.A. 8-1343a, and amendments thereto, on a highway as defined in K.S.A. 8-1424, and amendments thereto, shall provide for the protection of such child by properly using:

(1) For a child under the age of four years an appropriate child passenger safety restraining system that meets or exceeds the standards and specifications contained in federal motor vehicle safety standard no. 213;

(2) for a child four years of age, but under the age of eight years and who weighs less than 80 pounds or is less than 4 feet 9 inches in height, an appropriate child passenger safety restraining system that meets or exceeds the standards and specifications contained in federal motor vehicle safety standard no. 213; or

(3) for a child eight years of age but under the age of 14 years or who weighs more than 80 pounds or is more than 4 feet 9 inches in height, a safety belt manufactured in compliance with federal motor vehicle safety standard no. 208.

(b) If the number of children subject to the requirements of subsection (a) exceeds the number of passenger securing locations available for use by children affected by such requirements, and all of these securing locations are in use by children, then there is not a violation of this section.

(c) If a securing location only has a lap safety belt available, the provisions of subsection (a)(2) shall not apply and the child shall be secured in accordance with the provisions of subsection (a)(3).

History: L. 1981, ch. 33, § 2; L. 1984, ch. 38, § 1; L. 1989, ch. 40, § 1; L. 1992, ch. 317, § 2; L. 1997, ch. 80, § 1; L. 2006, ch. 44, § 1; July 1.