

## **SAFE CHURCH FORMS AND RESOURCES**

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## 1. CONFIDENTIAL NOTICE OF CONCERN

Individual(s) of Concern:

Date of occurrence:

Time of occurrence:

Type of Concern:

Inappropriate behavior with a child or youth

Policy violation with a child or youth

Possible risk of abuse

Other concern:

Describe the situation: What happened, where it happened, when it happened, who was involved, who was present, and who was notified? If reported to the State, what was their recommendation about investigating? Attach additional sheets if needed.

Has this situation ever occurred previously? Attach additional sheets if needed.

What action was taken? How was the situation handled, who was involved, who was questioned, were police called? Attach additional sheets if needed.

What is the follow-up plan? Does anyone else need to be notified? Will the situation need monitoring? Would you like someone to call you to discuss this situation?

Attach additional sheets if needed.

Submitted by: (Please print)

Telephone number:

Location and address:

Signature:

Date:

Reviewed by:

Once completed, please mail to  
The Bishop of Albany,  
580 Burton Road  
Greenwich, NY 12834

## 2. APPLICATION FORM

### Employment/Volunteer Application

**INSTRUCTIONS:** Please complete all of the questions accurately and fully.  
Attach additional sheets if needed.

Today's date: \_\_\_\_\_

#### PERSONAL DATA

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at current address? \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_

Email address: \_\_\_\_\_

Driver license number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Are you legally eligible to work in this country?     Yes     No

Note: If you are chosen for a paid position, you will be required to show documents verifying your employment eligibility and identity to complete the INS Form I-9 as required by the Immigration Reform and Control Act.

Please list your addresses in the past five years:

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For what position are you applying? \_\_\_\_\_

What interests you about the position for which you are currently applying?

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What has prepared you for the position for which you are currently applying?

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**EMPLOYMENT HISTORY**

Please complete for your prior employers, covering the past TEN years.

CURRENT EMPLOYER Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate supervisor name: \_\_\_\_\_

Immediate supervisor phone number: \_\_\_\_\_

Position held: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving position:

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PREVIOUS EMPLOYER Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate supervisor name: \_\_\_\_\_

Immediate supervisor phone number: \_\_\_\_\_

Position held: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving position:

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PREVIOUS EMPLOYER Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate supervisor name: \_\_\_\_\_

Immediate supervisor phone number: \_\_\_\_\_

Position held: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving position:

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PREVIOUS EMPLOYER Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Immediate supervisor name: \_\_\_\_\_

Immediate supervisor phone number: \_\_\_\_\_

Position held: \_\_\_\_\_

Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving position:

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PREVIOUS EMPLOYER Company name:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Immediate supervisor name: \_\_\_\_\_  
Immediate supervisor phone number: \_\_\_\_\_  
Position held: \_\_\_\_\_  
Dates of employment: from \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving position:  
\_\_\_\_\_

VOLUNTEER EXPERIENCE

Include all experience working with children or youth

Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates: from \_\_\_\_\_ to \_\_\_\_\_

Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates: from \_\_\_\_\_ to \_\_\_\_\_

Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates: from \_\_\_\_\_ to \_\_\_\_\_

Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Dates: from \_\_\_\_\_ to \_\_\_\_\_

EDUCATIONAL HISTORY

Name of school \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of school \_\_\_\_\_  
Name of program or degree \_\_\_\_\_  
Program completed? \_\_\_\_\_

Name of school \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of school \_\_\_\_\_  
Name of program or degree \_\_\_\_\_  
Program completed? \_\_\_\_\_

Name of school \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of school \_\_\_\_\_  
Name of program or degree \_\_\_\_\_  
Program completed? \_\_\_\_\_

**PROFESSIONAL/CIVIC REFERENCES**

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

**PERSONAL REFERENCES**

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_  
Relationship to you: \_\_\_\_\_



**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH**

Read and initial each item to signify your agreement to comply with the statement.

- a. I agree to do my best to prevent abuse and neglect among children and youth involved in church activities and services.
- b. I agree not to physically, sexually or emotionally abuse or neglect a child or youth.
- c. I agree to comply with the policies for Behavioral Standards for Adults in Ministry with Children or Youth defined in the EDOA Policies for the Protection of Children and Youth.
- d. In the event that I observe any inappropriate behaviors or possible policy violations with children or youth, I agree to immediately report my observations.
- e. I acknowledge my obligation and responsibility to protect children and youth and agree to report known or suspected abuse of children or youth to appropriate church leaders and state authorities in accordance with the POLICIES FOR THE PROTECTION OF CHILDREN AND YOUTH.
- g. I understand that the church will not tolerate abuse of children and youth and I agree to comply in spirit and in action with this position.



**ACKNOWLEDGMENT, RELEASE AND SIGNATURE**

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not hiring me or choosing me for a volunteer position or for my discharge if I have already been hired or chosen.

I authorize any person or organization, whether or not identified in this application, to provide any information concerning my previous employment, education, credit history, driving record, criminal conviction record, sexual offender registry or other qualifications for my employment or volunteering. I also authorize The Diocese of Albany and \_\_\_\_\_parish to request and receive such information.

If hired or chosen, I agree to be bound by EDOA and \_\_\_\_\_parish's policies and procedures, including but not limited to its **SEXUAL MISCONDUCT POLICIES AND PROCEDURES MANUAL, POLICIES FOR THE PROTECTION OF CHILDREN AND YOUTH, and POLICIES FOR THE PROTECTION OF VULNERABLE ADULTS.**

I understand that these may be changed, withdrawn, added to or interpreted at any time at the Parish's sole discretion and without prior notice to me.

I also understand that my employment or volunteering may be terminated, or any offer or acceptance of employment or volunteering withdrawn, at any time, with or without cause, and with or without prior notice at the option of EDOA and \_\_\_\_\_ parish, or myself.

Nothing contained in this application or in any pre-employment or pre-volunteering communication is intended to or creates a contract between myself and Parish for either employment, volunteering, or the providing of any benefit.

**I HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS.**

Signature

Date

### 3. Occasional Church Worker Application

Name of Event or Activity \_\_\_\_\_ Date \_\_\_\_\_

This form is to be completed by all applicants for any position who will occasionally be responsible for the supervision of children or youth, and will herein be referred to as an “applicant”. This screening form is being used to help \_\_\_\_\_ (Parish) provide a safe and secure environment for those children and youth who participate in our programs and use our facilities. At the same time, we feel a need to protect our workers as well as the church itself.

Please note the following:

Any applicant who has been convicted of either child sexual or physical abuse is not permitted to work in any church sponsored activity or program for children or youth.

All applicants working with youth or children are required to be members and regular attendees of \_\_\_\_\_ (Parish) for a minimum of six (6) months and be at least 25 years old.

All applicants must observe all the policies and guidelines of \_\_\_\_\_ (Parish) regarding work with children and youth. All applicants should immediately report any behaviors, which seem abusive or inappropriate to the rector, or the rector’s designee.

Please initial each item to signify your compliance with the statement.

\_\_\_\_\_ I agree to observe all church policies regarding working with children and Youth.

\_\_\_\_\_ I have read and agree to abide by the Behavioral Standards for Adults in Ministry with Children or Youth (attached).

\_\_\_\_\_ I have not been convicted of either child sexual or physical abuse

\_\_\_\_\_ I agree to do my best to prevent abuse and neglect among children and youth involved in church sponsored activities, and in the event that I observe any inappropriate behaviors or possible policy violations with children or youth I agree to immediately report my observations.

\_\_\_\_\_ I agree not to physically, sexually, or emotionally abuse or neglect a child or youth.

\_\_\_\_\_ I understand that the church will not tolerate abuse or children or youth and I agree to comply in spirit and in action with this position.

I have read the above and agree to observe the policies as listed and acknowledge that the answers above are accurate.

\_\_\_\_\_  
Signature Telephone Number

\_\_\_\_\_  
Please print name Date

[office use: Reviewed and approved by: \_\_\_\_\_ Date: \_\_\_\_\_ ]

### Reference Contact Form (TWO NON-RELATED REFERENCES REQUIRED)

Record of contact with a reference, employer, or volunteer organization Identified by an applicant for regular work with children or youth.

Name of Applicant:

Person from \_\_\_\_\_ (Parish) making the contact: \_\_\_\_\_

Method of contact (e.g. telephone, letter, personal conversation): \_\_\_\_\_

Date and time of contact: \_\_\_\_\_

Name and telephone number of references contacted (if someone other than the reference, give reason why reference was unavailable): \_\_\_\_\_

“In what ways have you seen the applicant work with children or youth?”

“Did the applicant follow the rules?”

“In your opinion, is the applicant suitable for work with children or youth, and why?”

“Did anyone ever complain about the applicant’s interactions with children?”

“Do you have a particular concern about the applicant working with children and/or youth? Or, is there a particular weakness which you think will affect his/her working with children and/or youth?”

“Does the applicant hold any other jobs or do any other volunteer work with children?”

“Is there anyone else we should contact?”

Summary of conversation summarize the remarks concerning the applicant’s fitness and suitability for children or youth work:

Note: If the reference has reservations about the applicant’s suitability, be sure to note the facts that support the reference’s reservations. Facts are of much more relevance than unsubstantiated opinions. Ask for names of other persons who could verify the facts identified by the reference. For example, if the reference is aware of an incident of inappropriate contact with a child, were any witnesses present? Who were they?

Some references may hesitate to provide information, particularly if it is negative. If so, read the applicant’s statement/release at the end of the screening form. This authorizes the reference to comment on the applicant and releases the reference from liability for statements that are made. If necessary, offer to mail or fax a copy of the release to the reference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

#### 4. EDOA Children Registration Form

NAME OF EVENT: \_\_\_\_\_

Children's Registration Form

This program is offered for children who will be completing grade \_\_\_to \_\_\_in Month ( ) Year ( )

Child Name: \_\_\_\_\_ Male ( ) Female ( ) Completed Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parish/City: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Event Location \_\_\_\_\_

This section to be filled out by Parent or Guardian:

Are there any life circumstances or behavioral issues involving your child that may be helpful for the event's staff to know about? (check one) \_\_\_\_ Yes \_\_\_\_ No. If "yes", please give additional information below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Clergy, Vestry, or Responsible Adult Endorsement:

This section to be filled out by Clergy, Vestry, or Responsible Adult.

(It is essential that this section be filled out. Please check where appropriate.)

\_\_\_\_\_ actively participates in the life of the congregation

\_\_\_\_\_ does not participate in the life of the church

\_\_\_\_\_ is not someone I know or on whom I am able to comment

Signature of Clergy, Vestry, or Responsible Adult: \_\_\_\_\_

### 5. Sample Medical Authorization

Event: \_\_\_\_\_ Dates: \_\_\_\_\_  
Event Location: \_\_\_\_\_  
Participant's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent's or Guardian's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Father's work phone: \_\_\_\_\_ Mother's work phone: \_\_\_\_\_  
Father's cell phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_  
Alternate contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Information:  
Doctor's name: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Other Information: \_\_\_\_\_

#### Insurance Information:

I have medical insurance coverage for the above named participant.

Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Address: \_\_\_\_\_

Policy in Name of: \_\_\_\_\_

Insurance Policy I. D.: \_\_\_\_\_

Social Security Number of Policy Holder: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I acknowledge that I do not have "medical insurance" for the above named participant and understand that we are financially responsible for all costs.

In the event of an emergency, I hereby authorize an adult leader of this activity to act as agent for me to consent to any medical, dental, or surgical treatment and care deemed necessary by a licensed medical professional. I expect to be notified as soon as possible. I acknowledge that I am financially responsible for any emergency medical or dental costs.

Parent/Guardian name (please print):

Signature: \_\_\_\_\_

Date:

## 6. Sample Consent for excursion or extended trip

Release waiver and Indemnification Form

Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents work/cell phone: \_\_\_\_\_

Where parents will be during event: \_\_\_\_\_

Notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENTS:

I/we understand that certain rules of conduct have been established for all participants during the trip/event and I/we assume responsibility for the youth's actions during the trip/event and the youth's compliance with the rules. I/we agree that, in the event the youth violates the established rules for youth during the trip/event:

I/we assume all liability for and agree to save, indemnify, defend and hold \_\_\_\_ (Parish) \_\_\_\_, its agents, servants, volunteers, and employees, harmless from any and all claims or demands of any sort or nature for damage or injury to persons or property caused by the acts or neglect of the youth; and

In the event of repeated violations or a serious violation of the established rules by the youth, I/we will accept a collect telephone call concerning the youth's actions and behavior and I/we further understand, agree and consent to the youth being returned home immediately by public transportation at my/our expense.

I/we further understand and agree that the youth may, during part or all of the trip/event, travel by private vehicle, and I/we hereby agree consent to thereto and specifically: (1) waive any and all claims of any sort or nature I/we may have against the owner and/or driver of any such private transportation for any personal injury, bodily injury or death and for any property damage, regardless of the cause thereof, and (2) agree to hold harmless and indemnify the owner and/or driver of any such private transportation from any and all claims or demands of any sort or nature which may be asserted by or on behalf of the youth for any personal injury, bodily injury, death or property damage, regardless of the cause thereof.

I/we waive any claim against the \_\_\_\_\_ (Parish), sponsors, agents, servants, volunteers and employees and hereby release them from any responsibility and liability for any personal or bodily injury, death or property damage that my child may sustain during the above listed activity. I/we agree to indemnify, save and hold the church, its agents, servants, volunteers, and employees, harmless from any claim, demand or cause of action of whatsoever nature or kind asserted by or on behalf of the youth for any personal or bodily injury, death or property damage sustained by the youth during the trip/event and the youth's participation therein.

By our signatures here on we affirm that we have read and fully understand the terms, conditions, releases, and waivers above set forth.

Date: \_\_\_\_\_ Parent or guardian: \_\_\_\_\_

**SAMPLE**

**Diocese of Albany Youth Events Medical Information/Release Form**

This form must be complete and signed on both sides

Please Note: All information given is confidential and is not distributed to unauthorized personnel.

(Please Print)

Title (Mr., Miss, Mrs., etc.): \_\_\_\_\_ Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Home Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_

Parents or Guardians should complete the following Medical Information and Release:

Any health problems the staff should know about:

\_\_\_\_\_

Any allergies: \_\_\_\_\_

Any dietary restrictions: \_\_\_\_\_

Any prescribed medications to be taken during the event: \_\_\_\_\_

Provide name of medicine, dosage, and frequency if not listed on medication \_\_\_\_\_

\_\_\_\_\_

Please provide a sufficient supply for the period of this event:

Father's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency contact during event (if other than above):

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

In case of a medical emergency, I permit the Diocesan Youth Staff to obtain or authorize emergency medical/dental treatment for my child. I further authorize the medical personnel selected by the Youth Staff to administer such emergency treatment, including injections, anesthesia, or surgery as they deem necessary. I understand I will be notified of this emergency as soon as possible.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Community Life Standards for Diocesan Youth Events

No illegal use of drugs or tobacco products and no use of alcohol will be allowed during the event. There will be set curfew at the events. Participants are expected to abide by curfew times and rules as defined at the event.

Everyone will be expected to attend the entire event and participate in all scheduled activities.

No "visitors" allowed during youth events. A visitor is defined as a person, who is unexpected, not registered, and/or does not contribute to the conference.

No one leaves the site of the event without the permission of the adult in charge of the event.

Youth may not drive participants (other youth) during youth events. All drivers during youth events must be on the program team and must be 25 years of age or older.

The diocese does not provide transportation to and from youth events unless otherwise stated for a specific event. All transportation arrangements are to be made with parental permission. Youth planning to travel away from an event with a youth driver, other than who they arrived with, need to have written permission from their parent(s).

Visiting in defined sleeping areas by members of the opposite sex is prohibited. All meetings of friends of the opposite sex will occur in designated community areas.

Public displays of affection, that are a distraction from participation in the event, will not be allowed.

Offensive language and offensive conversation is prohibited.

A warning will be given for breaking the rules about:

Curfew    Public Displays of Affection    Participation in the event    Language

A youth will be sent home for repeatedly breaking the rules above or the following:

Illegal drugs    Alcohol and tobacco products    Leaving the conference site

Being in the same room/cabin/sleeping area of a member of the opposite sex

The adult in charge of the event will make all decisions concerning sending anyone home. If a youth is to be sent home, their parents or other designated adult will be called to pick the youth up as soon as possible.

Name of Participant: \_\_\_\_\_

Parish: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

I hereby agree to abide by all rules of this event. I fully understand the consequences if a rule is broken.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_



