

SEXUAL MISCONDUCT PREVENTION POLICY

PURPOSE

It is the purpose of the members and staff of First Baptist Church, Huntington, Texas to provide a safe and secure environment for preschoolers, children, youth, and mentally handicapped persons entrusted to our care. The following policy and procedures are for their protection in preventing the occurrence of child abuse.

POLICY

Any current or prospective worker, whether volunteer or paid that has any prior incidents of physical or sexual misconduct or abuse will not be allowed to serve in any capacity where they will have contact with minors.

WORKER TRAINING

Each worker, whether paid or volunteer will be given the legal definition of child abuse in writing, worker requirements, and the policy of the church on reporting child abuse. Workers will also be required to view child abuse videos and/or read any written materials provided.

VOLUNTEER WORKERS

All volunteers who work with minors will be required to

- Have been a member for at least 3 months or a regular attendee of First Baptist Church for at least 6 months.
- Complete a volunteer application, and have the approval of the coordinator of the ministry in which they are serving.
- Provide three personal references.
- Sign an authorization/ waiver for initial and possibly random criminal background checks.
- View child abuse prevention videos and/or read any written materials provided.

PAID EMPLOYEES

All paid employees of First Baptist Church will be required to

- Complete an employment application.
- Be interviewed by the personnel committee, and direct supervisor, and have the approval of the coordinator of the ministry in which they are serving.
- Have reference check completed before working.
- Sign an authorization/waiver for initial and possibly random criminal background checks.
- View child abuse prevention videos and/or read any written materials provided.

Workers and employees will provide signed documentation upon completion, prior to working.

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DEFINITIONS

Child Sexual Abuse

Any sexual activity with a minor, in any setting. The abuser may be an adult, an adolescent, or another child.

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.

Adult: Anyone age eighteen (18) or older.

Minor: Anyone under age eighteen.

Paid Employee: Anyone who receives financial compensation for working with First Baptist Church.

Worker: Anyone who serves on a regular, ongoing basis as a volunteer involved with overnight activities, counseling, or one-on-one mentorship with minors and/or a paid employee given the responsibility of working with or caring for minors.

REPORTING

Upon the first suspicion of an instance of sexual abuse to a minor, the following steps should be taken:

- a) Do not treat the suspicion as frivolous.
- b) Report the suspicion to your ministerial coordinator, who shall
 1. Commence an inquiry immediately, and conclude it as soon as possible, obtaining and confirming the facts reported and the condition of the child, through discussions with the initial reporter.
 2. Report the information to the Pastor.
 3. Contact the insurance company.
 4. As required by law, report the suspicion within 24 hours to Child Abuse Hotline # 1-800-252-5400.

If any allegations of child abuse is factual, the responsibilities of the worker will be terminated.

INSURANCE

The church shall obtain sufficient liability insurance to cover child abuse and sexual misconduct claims.

VOLUNTEER WORKER APPLICATION

NAME: _____
(Last) (First) (Middle)

D.O.B.: _____ D.L.#: _____
(Attach a copy of your driver's license or DPS identification card)

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____

Volunteer Experience: _____

Have you ever been arrested for, charged with, under probation for, or convicted of either sexual abuse or physical abuse? Yes ___ No ___

If yes, please explain: _____

Personal References (3 Required)

Name	_____	_____	_____
Address	_____	_____	_____
Daytime Phone	_____	_____	_____
Even./Cell Phone	_____	_____	_____

The above information is correct to the best of my knowledge. I authorize any references to give any information, including opinions, which they may have regarding my character and fitness to work with minors or the mentally handicapped. I release First Baptist Church, Huntington, Texas, collectively and individually from any and all liability for damages of any kind that may result to me on account of compliance with this authorization. I wave any right that I may have to inspect any information provided about me by any person or organization identified by me or my references on this form. I agree and am bound by the policies and procedures of First Baptist Church and agree to refrain from unscriptural conduct in the performance of my services on behalf of First Baptist Church.

Signature Date

Witness Date

Sexual Misconduct Prevention Volunteer Worker Documentation

_____ Have been a member for at least 3 months or a regular attendee of First Baptist Church for at least 6 months

_____ Volunteer application, completed and approved by _____

_____ Date Criminal Background Check requested

_____ Criminal Background Check received and approved by _____

Personal Reference Response:

Name: _____ Phone# _____ Date Called: _____

Response: _____

Name: _____ Phone # _____ Date Called: _____

Response: _____

Name: _____ Phone # _____ Date Called: _____

Response: _____

I have reviewed the child sexual misconduct prevention videos and/or read any written materials provided.

Signature

Date

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **Huntington First Baptist Church** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Daie Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

Signature TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN _____ D/L or STATE ID _____ STATE ISSUED _____

EMAIL ADDRESS _____

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____