

FCRC SAFE CHURCH POLICY AND GUIDELINES

**APPENDIX H
FCRC Staff/Volunteer Profile and Release Form**

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

If you have been at this address for less than 7 years, please use the reverse side to provide previous addresses during that time.

Telephone Number(s): _____ Date of birth (include year): _____

I acknowledge that I have been given a copy of Friendship Christian Reformed Church's Safe Church Policy and Guidelines and that I have read the policy and agree to abide by it.

Signed: _____ Date: _____

In order to help provide a safe and secure environment for those children and youth who participate in our programs and use our facilities, we will screen all volunteers. FCRC utilizes the State of Michigan Internet Criminal History Access Tool (ICHAT) system for initial screening. Additionally, please answer the following questions to assist us in determining whether additional screening is necessary prior to your serving in any FCRC children's and youth ministry:

1. Have you ever been convicted of or pleaded guilty or no contest to any criminal offense of any kind? YES NO
2. Are you aware of any health problems (i.e. communicable diseases, emotional disorder, etc.) or any traits or tendencies (i.e. struggles with pornography, anger management problems, etc.) you possess that could pose any threat to children, youth, or adults with disabilities? YES NO
3. Have you ever participated in, or been accused, convicted or pleaded guilty or no contest to abuse or any sexual misconduct? YES NO

Your signature below is a waiver for police departments to release information pertaining to you, and authorization for FCRC and its designated agents and representatives to conduct a comprehensive review of your background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes and you release them from any liability from such disclosure. If FCRC requests, you will submit a "Request for Central Registry Clearance" (DHS-194 Form), with the results being sent to FCRC.

The information I have provided is correct to the best of my knowledge. I understand that my name will be submitted for the purpose of affirming my character and fitness for children's and youth ministry. I agree to serve spiritually, with integrity, and I will participate in training and discipleship to enhance my ministry to children and youth.

Signature _____ Date _____