



RECOMMENDED PROTECTION AND ABUSE PREVENTION POLICY

Board of Christian Education & Discipleship
Northwest Yearly Meeting of Friends

(SAMPLE TO BE USED BY THE LOCAL CHURCH)

NWYM – Form 2

APPLICANT INTERVIEW FORM

(This form is confidential and should be filed with the Screening Form)

This interview form is required for all applicants, for any position involving the supervision or custody of minors. It's purpose is to provide a safe and secure environment for those children and youth who participate in our programs and activities and use our facilities.

Date _____

Name of applicant _____

Name of interviewer _____

Did you confirm the applicant's identity with a picture I.D.? Yes ___ No ___

Did you confirm the driver's license information given including the license number? Yes ___ No ___

Referring to the "Screening Form for Children and Youth Workers," if the question about crime involvement was answered "yes," verify the following:

1. Does the explanation contain answers to "when", "where," "what," and "penalty given"? If not, be certain these questions are answered to your satisfaction.
2. Was any counseling given to the applicant as part of the penalty? If "yes," determine when, where and who was involved, and if there is a permanent record available. (Content of counseling is confidential).

Was a complete record made of past history of churches? Yes ___ No ___

Is the work experience history complete? Yes ___ No ___

APPLICANT'S STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including options) that they may have regarding my character and fitness for working with children or youth. In consideration of the receipt and evaluation of this application by NWYM or a local church, 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 of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application. I understand that a criminal background check will be conducted.

I have read the ABUSE PREVENTION POLICY of Northwest Yearly Meeting of Friends.

Should my application be accepted, I agree to be bound by the policies and procedures of NWYM, and to refrain from unscriptural conduct, as defined by NWYM, in the performance of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE, AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understood.

Applicant's Signature _____ Date ___/___/___

Witness _____ Date ___/___/___

Note: If you are applying to be a volunteer worker you will be interviewed by the chairperson of the appropriate committee. If you prefer to be interviewed by the senior pastor, please check here [___].

Note: All pages of this form are CONFIDENTIAL and will be filed in a safe, secure place.

Last updated: July 10, 2010, Northwest Yearly Meeting