

# CEF<sup>®</sup> Child Protection POLICY

The USA Child Protection Policy was approved

By the International Board of Trustees on September 20, 1996 and revised May 18, 2006, January 29, 2007, May 11, 2007.

Child abuse is defined as any verbal or sexual abuse, sexual exploitation or infliction of injury. Examples of sexual abuse are: rape, incest, sodomy, lewd or lascivious behavior which includes wrong types of speech or touching.

In order to protect the child from abuse and our workers from false accusations, the following steps must be taken:

1. Volunteers (who come in contact with minors), paid staff and board/committee members must be screened by interview prior to serving with Child Evangelism Fellowship®.
2. All workers (paid and volunteer) must be trained in the Child Protection Policy by hearing or viewing a USA Ministries *Protecting Today's Child* presentation. **Call: 886-828-4182**
3. All workers (paid and volunteer) must read, understand and sign a statement agreeing to follow the policies and procedures concerning child protection and reporting as prescribed by USA Ministries.
4. Children should not be left unsupervised while in our care.
5. Two CEF® workers (paid or volunteer) must be present at any CEF activity or ministry setting where children are present.
6. Even when ministry to children is not taking place, an additional adult or minor must be present when two workers are together and one is a minor, unless the minor's parent has signed a waiver.
7. All rooms used by adults and minors together must be accessible (no locked doors) and with open visibility (a window in the door or the door left wide open).
8. Supervisory personnel must make random visits of CEF sponsored activities.
9. Overnight activities sponsored by CEF involving minors must be approved by the local or state director and the local committee or state board.
10. All suspicious or inappropriate behavior between a CEF worker (paid and volunteer) and a minor must be reported to supervisory staff and investigated immediately.

Unless specified the following must be completed for volunteers who come in contact with minors, for paid staff and board/committee members:

- a. Employment application form (paid staff only).
- b. Confidential Screening Form.
- c. Request for Background Check authorization.
- d. Conduct criminal background check.
- e. Conduct personal interview.
- f. Review *Protecting Today's Child* presentation.
- g. Read Child Protection Policy.
- h. Check personal and church references
- i. from Confidential Screening Form (for
- j. all paid staff, camp and overnight activities staff).

## Criminal Background Check Requirements

### Volunteers (15 years old and older)

- **Minimum requirement**
  - National Criminal Database Search
  - National Sex Offender Registry Search
  - Social Security Number
  - Address History Trace
- If your legal jurisdiction requires more, you must also comply with their requirements.
- Volunteers must show a government issued ID (e.g., driver's license).

## **Staff** (15 years old and older)

### Minimum requirement

- National Criminal Database
- Search
- National Sex Offender Registry
- Search
- SSN Address History Trace
- State check for all addresses in past five years

## **Criminal Background Check Screening Rules**

Check reference in cases where the applicant has a criminal record or other red flag that does not necessarily disqualify them from participation in CEF Ministries.

The following would prevent a person from working with *CEF*:

- Any crime against children. No exemptions will be granted.
- Any sex crime of any type. No exemptions will be granted.
- Any felony convictions. Exemptions require the approval of the district director or associate director.
- Exemption reports must be filed with the vice president of USA Ministries.

## **Rescreening Requirements**

- The background check must be rerun for any workers who have not been active within one year.
- Every five years a background check must be rerun and at least one reference must be contacted.
- It is recommended that the *Protecting Today's Child* presentation be viewed once per year.
- For a worker transferring to another area, the Screening Procedure Checklist with the transfer information completed needs to be obtained from his former location. If the background screening was conducted more than five years prior, the transferred worker should be processed as you would a new worker.

## **Ensuring Compliance**

- The local committee chairman is responsible for ensuring compliance with the Child Protection Policy within his local chapter. Each year the local committee chairman will validate compliance by signing the Child Protection Policy Compliance Verification Form and sending it to the state board chairman.
- The state board chairman is responsible for ensuring compliance with the Child Protection Policy yearly, within his state. Yearly, the state board chairman will confirm compliance by signing the Child Protection Policy Compliance Verification Form for the state and sending it to USA Ministries.
- USA Ministries will monitor to ensure 100% compliance with this policy.

## **Reporting Obligations**

When anyone who is employed by Child Evangelism Fellowship® has reasonable suspicion that a minor is being abused by a *CEF* employee or volunteer, or is himself accused, or someone whose action would reflect on *CEF* is accused, the following action must be taken:

- **Call USA Ministries as soon as possible and within 24 hours. Notify your next higher office that this step has been taken.**
- Any person suspected of child abuse will, upon request, voluntarily relinquish or be removed from duties which involve direct contact with minors until the matter is completely resolved.
- USA Ministries will give counsel regarding the future ministry of the accused staff member or volunteer.

**WARNING:** Failure to follow reporting procedures of USA Ministries may result in termination of all *CEF* workers responsible in this reporting process. Notwithstanding any statement herein, all *CEF* staff and volunteers shall fully abide by all state child abuse reporting requirements.

# CONFIDENTIAL SCREENING FORM

Child Evangelism Fellowship® of Maryland Inc.

*It is our desire to see children come to know the Lord and to grow in Him. In today's environment, each of us needs to see that no child is abused, no young person is caused undue stress by being accused of something falsely, and no host family/volunteer is unjustly accused of something going on in his/her home that is not true.*

*To aid in maintaining a safe environment for all ministries, the following screening form must be completed by anyone who will come in contact with children while working with CEF®. This will require references to be provided and interviews performed. Your help in providing this information will speed the way to ensure that the doors can be opened to many children that would have never heard the name of Jesus.*

## PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_

Identity confirmed with a state driver's license or other photographic identification.

Present address \_\_\_\_\_ Telephone # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

If explanatory notes are needed, please attach separate sheets and number to correspond with question.

1. Is there anything in your past that you feel would hinder your ability to have a healthy working relationship with children?  
\_\_\_\_\_
2. Have you ever been convicted of a crime?  
\_\_\_ Yes (If yes, please explain) \_\_\_\_\_  
\_\_\_ No
3. Do you have a current driver's license?  
\_\_\_ Yes  
\_\_\_ No

## CHURCH HISTORY & PRIOR YOUTH WORK

1. Name of church of which you are a member  
Name of church \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_
2. List (name and address) other churches you have attended regularly during the past five years.  
Name of church \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
  
Name of church \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_
3. List previous church involvement with youth during the past 5 years (list each organization name and address, type of work performed, and dates).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List previous non-church involvement with youth during the past 5 years (list each organization name and address, type of work performed, and dates).
  
5. Write a brief testimony of your becoming a believer in the Lord Jesus Christ as your personal Savior-include approximate date of your salvation and circumstances (where were you , did anybody counsel you, etc.)
  
6. List any gifts, callings, training, education or other factors that have prepared you for children's ministries.

**7. Personal references (not former employers or relatives).**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

The information contained in this screening form is correct to the best of my knowledge. I authorize any references listed on this application to give you any information (including opinions) that they may have regarding my character and fitness for children's work. In consideration of the receipt and evaluation of this screening form by Child Evangelism Fellowship® Inc., I hereby release any individual church, youth organization, employer, charity, reference or any other person or organization, both individually or collectively, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or my family on account of compliance, or any attempts to comply with this authorization, excepting only the communication of knowingly false information.

(Circle one) I waive  any right that I may have to inspect any information provided about me by any person.  
 I do not waive  or organization identified by me in this Screening Form.

**As a volunteer or paid worker for Child Evangelism Fellowship® Inc., I agree to abide by the Child Protection Policy and to refrain from unscriptural conduct in the performance of my services on its behalf.**

**I have read the *Protecting Today's Child* brochure and agree to follow the policies and procedures in handling any child abuse situations that may arise.**

**I further state that I have read carefully the foregoing release and know the contents thereof. This is a legally binding agreement that I have read and understand.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature (if applicant is a minor)** \_\_\_\_\_ **Date** \_\_\_\_\_

## CHILD EVANGELISM FELLOWSHIP® Background Check Authorization

**Release Authorization:**

1. In connection with my future involvement as a staff member or a volunteer working with children, I understand that CEF® will conduct a background check to determine my ability to minister in this role. It may include information concerning my character, work habits, performance and any court records that may have a bearing on my job responsibilities.
2. I acknowledge that a telephonic facsimile (fax) or photographic copy shall be as valid as the original.
3. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school employer, church or non-profit organization, reference, or insurance company contacted by CEF or its consumer reporting agency or its agent, to furnish the information described above.
4. I understand that if any of those records contains information which is used to deny my involvement in Child Evangelism Fellowship, that I will be notified of my rights and where I can obtain a copy of the information.

**IDENTITY DATA (PLEASE PRINT)**

APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)				DATE OF BIRTH		
				MO.	DAY	YR.
SEX	RACE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE		

**BACKGROUND INFORMATION**

ALL NICKNAMES		
MAIDEN NAME		
ALL ALIASES		
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		
ALL PREVIOUS ADDRESSES FOR THE PAST 5 YEARS (USE BACK OF SHEET IF NECESSARY)		
SIGNATURE		
DATE		
TELEPHONE NO.		

All information acquired will be used within the Child Evangelism Fellowship organization as it pertains to employment or volunteer work with children unless signified otherwise in writing upon completion of this form.

<i>For Official Use</i>
NAME OF CHAPTER: <b>CEF of</b> _____

**Child Evangelism Fellowship® of Maryland**  
**Questions for Volunteers**

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

*Please answer the following questions:*

1. Why have you decided to be involved with children with CEF? \_\_\_\_\_
  
2. Share with me any previous experience you have had in working with children. \_\_\_\_\_
  
3. Have you ever had any painful life experiences as a child/minor which may hinder you from a productive ministry with children? \_\_\_\_\_
  
4. Is there anything that would call into question your being entrusted with the supervision, guidance, and care of children or young people? \_\_\_\_\_  
  
If yes, please explain.
  
5. Have you ever been accused or convicted of child abuse? \_\_\_\_\_
  
6. Have you read the Protecting Today's Child Policy? \_\_\_\_\_
  
7. Have you called 886-828-4182 and listened to USA presentation? \_\_\_\_\_
  
8. Do you have any questions concerning any of CEF's procedures? \_\_\_\_\_

**THIS FORM TO BE FILLED OUT BY OFFICE**

**Reference Telephone Interview**

**Name** \_\_\_\_\_

- 1. Is there anything that you know of in the past that would cause you to question his/her ability to work with children or have a healthy relationship with children?**
  
  
  
  
  
  
  
  
  
  
- 2. Is there anything that you know of that would bring into your mind any questions concerning children being entrusted to his/her care?**

**Reference Telephone Interview**

**Name** \_\_\_\_\_

- 1. Is there anything that you know of in the past that would cause you to question his/her ability to work with children or have a healthy relationship with children?**
  
  
  
  
  
  
  
  
  
  
- 2. Is there anything that you know of that would bring into your mind any questions concerning children being entrusted to his/her care?**

**FOR OFFICE USE ONLY!**

**Screening Procedures Checklist  
Child Evangelism Fellowship® Child Protection Policy**

*All Volunteers and Staff*  
(This form to be completed by Director or Coordinator)

Name \_\_\_\_\_

**COMPLETION**  
**DATE      INITIAL\***

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Employment Application Form completed if applicable.                   |
| _____ | _____ | 2. Confidential Screening Form completed.                                 |
| _____ | _____ | 3. Interview completed.   |
| _____ | _____ | 4. Personal and church references investigated.                           |
| _____ | _____ | 5. Request for Background Check Authorization Form completed.             |
| _____ | _____ | 6. Listened to "Protecting Today's Child" by calling <b>866-878-4182</b>  |
| _____ | _____ | 7. Policy for "Protecting Today's Child" read – page 3-4 of these papers. |
| _____ | _____ | 8. Background Check conducted.  |

\_\_\_\_\_

Final Review Signature

\_\_\_\_\_

Date Completed

\_\_\_\_\_

Position

\*Initials of authorized personnel certifying that this part of the screening procedure is complete.

When this form has been completed,  
SEND A **COPY** TO:  
  
**Child Protection Coordinator**  
**CEF® of Maryland**  
**2203 North Rolling Road**  
**Windsor Mill, MD 21244**