

Memo

Dear Friend,

Thank you so much for considering volunteering with the Virginia Baptist Mission Board (VBMB). Your desire to serve Christ is of paramount importance to us and we desire to do all that we can to help you fulfill your calling to that service.

The following forms are intended to help us ensure that we are providing as safe and secure an environment as we possibly can for minors under our care. There is no intent that this process, in any way, becomes an affront to your character or value to Virginia Baptists. Our concern is that we have done all that we can do to ensure parents and leaders of our churches that we are providing a safe and secure environment for minors.

➤ Criminal Records Authorization Form

- This form will give the VBMB the authorization to conduct a criminal background check. The results of this check will be held in the strictest of confidence and will only be viewed by the Controller of the VBMB. The following offenses will restrict a volunteer from service in areas where minors will be present:

Criminal homicide	Aggravated assault	Enticing a child
Sexual abuse	Sexual assault (rape)	Incest
Aggravated sexual assault	Injury to a child	Indecency with a child
Public lewdness or indecent exposure		Employment harmful to children
Abandonment or endangerment of a child		Kidnapping or unlawful restraint
Possession or promotion of child pornography		
Inducing sexual conduct or sexual performance of a child		
The sale, distribution, or display of harmful material to a minor		
Crimes related to the possession, use or sale of drugs or controlled substances		

- This check must be repeated every three years regardless of a volunteer's activity record.

➤ Reference Forms

- These forms should be completed by the appropriate individuals and sent to our office.

➤ Sponsor/Volunteer Code of Ethics

- This form simply acknowledges your understanding of the behavior we wish to set as an example for minors under our care.

We trust that you approve of the high standard that we are choosing to set for our volunteers as well as our participants. If you have any questions or concerns about these forms or our process please do not hesitate to contact us.



CRIMINAL RECORDS CHECK AUTHORIZATION (PART A)

I hereby give my permission for the Virginia Baptist Mission Board to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment or volunteer position with Virginia Baptist Mission Board.

I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have the opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received. I also understand that, by law, I may see a copy of the transcript, for its review, but may not receive a copy of the document in any fashion or form.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the Virginia Baptist Mission Board and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts, and sums of money, claims, demands, whatsoever, and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer or employee of Virginia Baptist Mission Board.

Print Name _____ Date _____

Applicant's Signature _____

Print Witness Name _____ Date _____

Witnesses' Signature _____

PLEASE COMPLETE PART A AND B

When completed, please return to:

Nichole Prillaman
2828 Emerywood Parkway
Henrico, VA 23294
Private FAX: 804-672-7955

FOR OFFICE USE ONLY:

Event Name: _____

Account Code: _____



CRIMINAL RECORDS CHECK (PART B)

Full Name _____
Last First Middle Maiden

Current Address (not P.O. Box) _____
Street Apt. #
City State Zip Code

How long have you been at this address? _____

If less than one year, please give previous address _____
Street Apt.#

City State Zip Code
Gender: (please indicate) Male _____ Female _____

Date of Birth: _____ / _____ / _____
Year Month Day

Social Security # _____ - _____ - _____

(MANDATORY – this is necessary to correctly identify volunteer applicants. If you are uncomfortable sending this information in with this application then please call and give it to us over the phone)

Have you ever been convicted of a crime? _____yes _____no

Are there any legal charges pending against you? _____yes _____no

If yes, please explain: _____

The signature represents my current legal name and any previously used names are listed below:

Additional names: _____

Signature of Applicant

Date

PLEASE COMPLETE PART A AND B



VIRGINIA BAPTIST MISSION BOARD SPONSOR/VOLUNTEER CODE OF ETHICS AND RULES

While acting as a volunteer/sponsor with minors or the intellectually or physically disabled of Virginia Baptist Mission Board the following rules shall apply:

- 1) Smoking or using tobacco products in the presence of minors or the intellectually or physically disabled is prohibited.
- 2) Using, possessing, or being under the influence of alcohol, illegal, or illicit drugs will not be tolerated.
- 3) Sponsors and volunteers of minors or the intellectually or physically disabled shall not abuse said individuals, including:
 - Any direct observations or evidence of sexual activity in the presence of or in association with individuals;
 - Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct towards an individual;
 - Sexual advances or sexual activity of any kind between any person and an individual;
 - Sexual advances or sexual activity of any kind to an individual(s);
 - Infliction of physically abusive behavior or bodily injury to an individual;
 - Physical neglect of an individual, including failure to provide adequate supervision in relation to the activities of Virginia Baptist Mission Board.
 - Mental or emotional injury to an individual;
 - The presence or possession of obscene or pornographic materials at any function of Virginia Baptist Mission Board.
 - The presence, possession, or being under the influence of any illegal, illicit drugs;
 - The consumption of or being under the influence of alcohol while leading or participating in a function for individuals of Virginia Baptist Mission Board.
- 4) Limit access to the locked records to the Administrator.
- 5) Periodically update Volunteer Information Forms.
- 6) Sponsors and volunteers must treat all people of all races, religions, and cultures with respect and consideration.
- 7) Sponsors and volunteers shall not use or tolerate the use of profanity in the presence of individuals.
- 8) Sponsors and volunteers must be free of physical and psychological conditions that might adversely affect any individual's health, including, but not limited to, contagious disease.
- 9) Sponsors and volunteers will portray a positive role model for individuals by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.
- 10) Sponsors and volunteers will be expected to act and react with Christian love and understanding in all situations.
- 11) Sponsors and volunteers will do everything in their power to avoid being put in a situation where they are alone with a minor or the intellectually or physically disabled other than their own.
- 12) I understand that as a sponsor or volunteer with minors for Virginia Baptist Mission Board I will be subject to a background check, including criminal history.
- 13) I understand that any violation of this code may be grounds for removal as a sponsor or volunteer with minors or the intellectually or physically disabled.

Print Name _____ Date _____

Applicant's Signature _____

When completed, please return to:

Nichole Prillaman
2828 Emerywood Parkway
Henrico, VA 23294
Private FAX: 804-672-7955



VIRGINIA BAPTIST MISSION BOARD
VOLUNTEER REFERENCE FORM FOR THOSE WORKING WITH MINORS
OR INTELLECTUALLY OR PHYSICALLY DISABLED INDIVIDUALS
Non-Family Member Reference Form

This form is to be completed by a non-family member of any volunteer involved in the supervision or care of minors or the intellectually or physically disabled. This is being used to provide a safe and secure environment for the activities or programs of the Virginia Baptist Mission Board. The individual completing this form must have known the volunteer applicant for a minimum of five (5) years.

Volunteer Applicant's Information:

Name of Applicant: _____

How long have you know the applicant? (minimum 5 years)

5 – 9 yrs. 10 – 14 yrs. 15 – 20 yrs. 21 - 25 yrs. over 25 yrs.

To the best of your knowledge has this individual:

- ever been accused, charged or convicted of any crime that involved any form of neglect, endangerment or abuse of a minor child or intellectually or physically disabled person? Yes No
- ever been accused, charged or convicted of any crime that involved any form of neglect, endangerment or abuse of an adult? Yes No
- ever been accused, charged or convicted of any crime that involved any form of drugs or other illegal substances? Yes No
- Do you know of **any other reason** that this applicant should not work with minors or the intellectually or physically disabled or serve as a volunteer with the Virginia Baptist Mission Board? Yes No

If you marked “yes” to any of the questions above then please provide more information below:

Your Information:

Name: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

Signature: _____

Date: _____

When completed, please return to:

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2828 Emerywood Parkway
Henrico, VA 23294
Private FAX: 804-672-7955



VIRGINIA BAPTIST MISSION BOARD
VOLUNTEER REFERENCE FORM FOR THOSE WORKING WITH MINORS
OR MENTALLY CHALLENGED
Minister or Church Leader Reference Form

This form is to be completed by the pastor, other minister or church leader of any volunteer involved in the supervision or care of minors or the intellectually or physically disabled. This is being used to provide a safe and secure environment for the activities or programs of the Virginia Baptist Mission Board. The individual completing this form must have known the volunteer applicant for a minimum of five (5) years.

Volunteer Applicant's Information:

Name of Applicant: _____

How long have you know the applicant? (minimum 5 years)

5 – 9 yrs. 10 – 14 yrs. 15 – 20 yrs. 21 - 25 yrs. over 25 yrs.

To the best of your knowledge has this individual:

- ever been accused, charged or convicted of any crime that involved any form of neglect, endangerment or abuse of a minor child or intellectually or physically disabled person? Yes No
- ever been accused, charged or convicted of any crime that involved any form of neglect, endangerment or abuse of an adult? Yes No
- ever been accused, charged or convicted of any crime that involved any form of drugs or other illegal substances? Yes No
- Do you know of **any other reason** that this applicant should not work with minors or the intellectually or physically disabled or serve as a volunteer with the Virginia Baptist Mission Board? Yes No

If you marked “yes” to any of the questions above then please provide more information below:

Your Information:

Name: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

Signature: _____

Date: _____

When completed, please return to:

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