

PISGAH PATRIOT SCREENING BOOKLET

CONFIDENTIAL INFORMATION

This document contains confidential information that may be reviewed only by Mount Pisgah School Area Representatives or Human Resources personnel of Mount Pisgah Christian School. Unauthorized access is strictly forbidden.

Please complete all pages of this booklet.

If you have any questions about any part of this form, please contact the Mount Pisgah Christian School Athletics Department at 678-336-3357 or Mount Pisgah Christian School Human Resources Department at 678-336-3152 or DLowe@mountpisgahschool.org

Part One: PATRIOT INTRODUCTION FORM

Thank you for considering service at Mount Pisgah! We appreciate your special gifts and talents. Please take a moment to fill out this form as it enables us to make the best use of our workers and helps us to protect both the children, staff and volunteers who are at Mount Pisgah Christian School. References checked are randomly selected.

Part Two: BACKGROUND CHECKS AND REQUIRED SIGNATURES

These forms are used to authorize a check of criminal history background and Driver Screening (if applicable). If you have a criminal record showing violent crimes, sexual crimes, or crimes against children, you will not be permitted to serve in any MPCS program working with children. All policies must be read, signed and returned to participate in the Mount Pisgah programs.

Name: _____

Department/ Division: _____

Date: _____

Please complete and return to the designed Mount Pisgah staff member for processing with Human Resources. If there are issues or concerns, HR will contact applicant directly for a response.

Office Use Only:

Interview	Screening	References	Secure Search	Date
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Mount Pisgah Christian School
9820 Nesbit Ferry Road
Johns Creek, GA 30022
678-336-3400

www.pisgahexperience.org

Welcome to the joy of serving Christ at Mount Pisgah!

PART ONE: PATRIOT INTRODUCTION FORM

1. Personal Information:

Name: _____	Emergency Contact: _____	
HomePhone: _____	Cell Phone _____	Number: _____
Do you have children attending Mount Pisgah Christian School?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what are their names and grade levels? _____		

Have you previously served in any Mount Pisgah school and/or ministry opportunities?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, in what area and when? _____		

2. Are you 18 years of age or older? Yes No

3. Have you ever been charged with, convicted of, pled guilty, or no contest to a crime (other than a minor traffic violation) or are you now under charges for any criminal offense either inside or outside of the United States? A criminal offense will not necessarily disqualify you from consideration.

Yes No

If yes, please explain

4. List below 2 references. The first reference should be a personal reference, preferably someone from Mount Pisgah. The second should be a service reference of someone who has observed you working as a volunteer or paid staff-person with children. Please do not list relatives.

Personal Reference: _____

Name

Phone#

Service Reference: _____

Name

Phone#

You may use this space to provide any additional comments about your background, gifts, and /or experience pertaining to your service.

PATRIOT'S STATEMENT – READ CAREFULLY!

In consideration of the receipt and evaluation of this application by Mount Pisgah, I agree and represent that:

- The information contained in this application is correct to the best of my knowledge.
- I authorize any references, or any other person or organization whether or not identified in this application, to give you any information (including opinions) regarding my character and fitness for volunteer service.
- I have completed an authorization for Mount Pisgah to complete a criminal background check at any time.
- I believe we are called to make the school a safe place where children will be confirmed and strengthened in their faith.
- I have been given training information on how to be a great Pisgah Patriot that includes safety policies, and am willing to participate as able for further training.

Signature

Date

PART TWO: BACKGROUND CHECKS AND REQUIRED SIGNATURES

THE FOLLOWING FORMS/POLICIES MUST BE READ, SIGNED AND RETURNED

1. Consent to Perform Criminal History Background Check
2. Driver Information Screening
3. Child Protection Policy
4. Child Protection Policy Agreement Form
5. Mount Pisgah Christian School Mission Belief Statement
6. W-9

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK
IN COMPLIANCE WITH THE FCRA and the DPPA
(Fair Credit Reporting Act and the Federal Driver's Privacy Protection Act)**

Date: _____ Driver's Lic # _____ State Issued _____

Last Name First Name Middle Initial

Maiden and/or Other Last Names Used

Current Address City and County State and Zip Code

Date of Birth Social Security Number Circle One:
Male / Female

This authorization and consent for release of personal information acknowledges that

_____ (Hereafter referred to as "Company") and/or its agent, Secure Search, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Secure search, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from my employer who has contracted with **Secure Search 558 Castle Pines Pkwy., Unit B-4, #137 Castle Rock, CO 80108** at telephone number (866) 891-1954. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? **Yes** ___ **No** ___
If so, do you want a copy of any Consumer Report prepared concerning you? **Yes** ___ **No** ___

I understand that California law required Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)
YES NO

If YES, please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? **YES NO**

If YES, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? **YES NO**
If YES, Please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? **YES NO**
If YES, Please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you? **YES NO**
If YES, Please provide an explanation below:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.

Signed this _____ day of _____, 20_____

Applicant (Print Name) _____

Applicant Signature _____

MOUNT PISGAH CHRISTIAN SCHOOL

DRIVER INFORMATION SCREENING

Must be completed and approved prior to driving any Mount Pisgah owned vehicle.
Notice will be given to the leader of your ministry when approval has been obtained.

Full Name (*what appears on driver's license*) _____

Ministry driving for _____ Gender _____ Date of Birth _____

Address _____ City, State, Zip _____

Home Phone _____ Business Phone _____

State DL# _____ State of License _____

General Notes: Mount Pisgah reserves the right to verify the information submitted and may randomly, through its Vehicle insurance carrier, conduct drivers history reports. By signature below, the above named driver acknowledges his/her Consent of all drivers history verifications and releases, indemnifies and holds harmless Mount Pisgah from any derogatory Information obtained in the verification process.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

HAVE YOU....

CIRCLE ONE

1. Been involved in an accident in the past 5 years?
If yes, please explain. Include date and location.

YES NO

2. Had a moving violation in the past 5 years?
If yes, please explain. Include charge, date of incident and disposition of case.

YES NO

3. Had an insurance company cancel or refuse to provide your insurance?
If yes, please explain.

YES NO

4. Ever had your driver's license revoked, suspended or restricted?
If yes, please explain.

YES NO

5. Any physical or visual impairments?
If yes, please explain.

YES NO

6. Do you wear corrective lenses or glasses?

YES NO

7. How many years have you possessed a license? _____

Signature of driver _____ Date _____

Please include a photocopy of your driver's license with this form prior to driving any Mount Pisgah owned vehicle. If you have any questions, please contact Human Resources at 678-336-3152. This information may be subject to periodic updates.



Child Protection Policy

August, 2009

MOUNT PISGAH CHRISTIAN SCHOOL

CHILD PROTECTION POLICY

Policy Rationale

Mount Pisgah Christian School fully recognizes its responsibilities for child protection and for providing a safe, secure environment in which we teach and care for children. For the purposes of this Policy, a child refers to an individual under the age of 18 years.

Our policy applies to all faculty and staff, Board of Trustees and volunteers working in the school. These are the main elements to our policy:

- Ensure we practice safe recruitment in checking the suitability of staff and volunteers to work with children.
- Raise awareness of child protection issues and equipping children with the skills needed to keep them safe.
- Develop and then implement procedures for identifying and reporting cases, or suspected cases, of abuse.
- Establish a safe environment in which children can learn and develop.

We recognize that because of the day to day contact with children, school faculty and staff are able to be a helpful resource for students who may suffer from abuse.

The School will therefore strive to:

- Establish and maintain an environment in which students feel secure, are encouraged to talk and are listened to.
- Ensure students know that there are adults in the school whom they can approach if they are worried.
- Include opportunities in the school's curriculum for students to develop skills they need to recognize and stay safe from abuse.

As a resource and potential observer of outward signs of abuse, we will follow the guidelines set forth by the Georgia Department of Human Resources (DHR), Division of Family and Children's Services (DFCS) to:

- Ensure all faculty, staff and volunteers understand their responsibilities in being alert to the signs of abuse and their responsibility for referring concerns to the designated senior administrator responsible for child protection.
- Ensure that parents have an understanding of the responsibility placed on the school and its faculty for child protection.
- Develop effective links with relevant agencies and co-operate as required with their inquiries regarding child protection matters.
- Keep written records of concerns about students, even when there is no need to refer the matter immediately.
- Ensure all records are kept securely, separated from the main pupil file, and in locked locations.
- Develop and follow procedures where an allegation is made against a member of the faculty or volunteer.
- Ensure safe recruitment practices are always followed.

The school will endeavor to support the student to self-advocate and develop a sense of self-worth through:

- The content of the curriculum
- The school culture which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.
- The school's discipline policy which is aimed at supporting all students in the school. The school will clarify with faculty, parents and students that some behaviors are unacceptable and may require disciplinary action such as suspension, expulsion and /or legal actions.

Definition of Child Abuse

Child abuse can include any the following:

1. Threatening or inflicting physical injury or death upon a child.
2. Committing a sexual offense against a child or engaging in sexual contact with a child.
3. Making a sexual advance towards, or making a request of sexual favors from, or engaging in other verbal, visual or physical contact with a child.
4. Abuse may also include other forms of inappropriate behavior, depending on the circumstances. The potential for abuse exists among children as well as between children and adults.

Child Abuse Prevention

The job of protecting children starts in the community. While certain people are required by law to report child mistreatment, anyone can make a report of suspected abuse. The sooner the authorities know about a child, the faster they can move to help.

Things to look for:

Children who are maltreated are:

- Often left alone
- In the neighborhood for long periods of time without supervision
- Frequently hungry
- Dressed inadequately for the weather
- Withdrawn or overly aggressive
- Not receiving needed medical attention
- Absent from school frequently
- Bruised or have marks of physical abuse

How to Report

An incident of alleged abuse witnessed by an employee or volunteer shall immediately be reported to his/her supervisor who will then report the incident to the Division Head. The Division Head will notify the school President and will be responsible for contacting the appropriate authorities and taking further action, as appropriate.

If a child is in immediate danger (obviously being beaten or left alone overnight, for example), the police should be called immediately.

In all other cases, reports should be made to the DFCS office in the county where the child lives or by calling (404) 699-4399.

People who call to report suspected abuse do not have to be sure maltreatment has occurred. They simply report what they have seen or heard. The authorities will investigate and confirm whether or not abuse has occurred. People who call are asked to give the name and location of the child and the name of the suspected perpetrator.

Reports are confidential and those who call do not have to give their name. However, it is most helpful in the long run if the reporter is willing to give his/her name and address and, if necessary, testify in court.

What Will Happen Next

If a child is under the age of 18 and appears to have been abused or neglected by a parent or caregiver, DFCS will begin investigating immediately. If the child is not in imminent danger, a caseworker will visit the family in 5 days. If the person who makes the original report wants to know what DFCS did, he/she can call the department and find out whether the maltreatment was confirmed.

Mandated Reporters

While everyone is encouraged to report suspected child abuse or neglect, GA. Law requires persons in some professions to report. They are called “mandated reporters” and they include the following professionals:

- Physicians licensed to practice medicine, interns or residents
- Hospital or medical personnel
- Dentists
- Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 OF Title 43 (OCGA)
- Podiatrists
- Professional counselors, social workers or marriage and family therapists licensed pursuant to Chapter 10A of Title 43 (OCGA)
- School teachers
- School administrators
- School guidance counselors, visiting teachers, school social workers or school psychologists certified pursuant to Chapter 2 of Title 20 (OCGA)
- Child welfare agency personnel, as that agency is defined pursuant to OCGA
- Child service organization personnel
- 49-5-12. Child welfare agency means any child-caring institution, child-placing agency, maternity home, family boarding home, family day-care home and day care center
- Child counseling personnel

Prevention Policy Guidelines

1. A “child” is defined as an individual who is under 18 years of age.
2. An “adult” is defined as an individual who is 18 years of age or older.
3. The Two Adult Rule: it is recommended that at least two adults should supervise any group of children at all times when possible. The only exceptions to The Two Adult Rule are as follows:

- * Contact which occurs in a public place with the approval of parents
 - * A group that meets on campus in a highly trafficked area with good visibility or an open door/window in the door
 - * Retreat/travel events at which sleeping arrangements are governed by the following guidelines:
 - ✓ Sleeping accommodations shall be segregated by gender.
 - ✓ When possible, at least one adult of the same gender as the children is in each room/cabin in which children are housed, with a preferred ratio of no more than 10 children to 1 adult. It is recommended that one adult should be on every floor when possible/applicable.
 - ✓ One adult should never share sleeping accommodations with only one child of whom he/she is not the parent or guardian.
4. All faculty and volunteers must wear proper identification when on campus and/or when supervising children. Visitors should check in at the school office and receive a visitor name badge. They should check out when leaving the campus.
 5. A volunteer who has not had a background check and has yet to meet screening standards must never be left alone with children. The volunteer who has not met screening standards must always be with an employee when volunteering in the classroom or participating in any school program involving direct contact with children other than his/her own child.
 6. Spouses or family members should not supervise children together as employees/ volunteers without the presence of another school employee. This policy includes off-campus trips.
 7. All preschool aged students must be signed in and out of their classrooms by their parent /guardian or an adult designated by a parent/guardian. All Lower and Middle School students arriving tardy or checking out early must be signed in/out from the school office by their parent/guardian or an adult designated by a parent/guardian. Parents of Upper School students must notify the Upper School office if a student is going to arrive tardy or will check-out early.
 8. Other than student drop-off or pick-up, only assigned students and adults should be allowed in the classroom.
 9. No student will be released to an adult whose name, address and phone number does not appear on the Student Information Card. An emergency contact must be 18 years or older and must present a valid picture ID for verification at pick-up. If a parent/guardian chooses not to give emergency contact information, the authorities will be called if a student has not been picked up within 30 minutes of the close of the school day.
 10. If parents are legally separated or divorced, the first page of the divorce or separation decree will be provided the school along with pages relating to child custody, parental rights to school information, visitations at school and restrictions. If such a decree is not on file, MPCS is required to give equal consideration to both parents.
 11. If parents list that a student has any allergies to food, medications, insect bites, etc. and/or special current/recurrent illness, documentation of the diagnosis and the recommended treatment from the student's physician must be on file in the school office and clinic.
 12. All outside groups using MPCS' facilities must comply with these rules and must provide the specified leadership.

Training

The School will provide training sessions to explain its Child Protection Policy to employees and volunteers. The training will include:

1. Definition of abuse, what behaviors can constitute it, how to recognize it, and the damaging effects to its victims.
2. Instruction on how to carry out the Child Protection Policy.

3. Instruction on how to respond to an incident or allegation.

Application and Screening Process

All volunteers with direct supervision of students will be asked to complete the following:

1. Volunteer Screening Booklet – available in the Human Resources Department office
2. Volunteer screening form
3. Personal background form (authorization to conduct a criminal background check)

Mount Pisgah Christian School

Child Protection Policy Agreement Form

Employee: _____

Date of Hire: _____

Supervisor: _____

This completed form will be filed in the employee's personnel/volunteer's file.

I, _____, hereby certify that this employee/volunteer has received the Child Protection Policy manual which includes the following information:

- ❖ Policy rationale
- ❖ Definition and recognition of child abuse
- ❖ Protocol for responding to an incident or allegation of child abuse
- ❖ Mandated reporters
- ❖ Prevention policy guidelines
- ❖ Application and screening process for volunteers

Date

Supervisor signature

I have read and understand the policies as found in the School's Child Protection Policy manual and agree to support and follow the guidelines and procedures therein.

Date

Employee/volunteer signature

Mount Pisgah Christian School Christian Mission Belief Statement

As a member of the Board of Trustees, a Faculty member, or as a parent leader, I agree with the mission and philosophy of Mount Pisgah Christian School (MPCS) which acknowledges reliance upon God as Creator, Jesus Christ as Lord and Savior, and the Holy Spirit as the Divine Presence in the world.

I believe . . .

. . . the Bible to be the inspired, authoritative Word of God. (2 Timothy 3:16, 2 Peter 1:21)

. . . there is one God, eternally existent in three persons—Father, Son, and Holy Spirit. (Genesis 1:1, Matthew 28:19, John 10:30)

. . . in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4:15, Hebrews 7:26), His miracles (John 2:11), His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His resurrection (John 11:25, 1 Corinthians 15:4), His ascension to the right hand of God (Mark 16:19), and His personal return in power and glory (Acts 1:11, Revelation 19:11)

. . . in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that we are justified on the single ground of faith in the blood of Christ and that only by God's grace and through faith alone we are saved. (John 3:16–19, John 5:24, Romans 3:23, Romans 5:8–9, Ephesians 2:8–10, Titus 3:5)

. . . in the resurrection of both the saved and the lost—the saved to the resurrection of life, and the lost to the resurrection of condemnation. (John 5:28–29)

. . . in the spiritual unity of believers in our Lord Jesus Christ. (Romans 8:9, 1 Corinthians 12:12–13, Galatians 3:26–28)

. . . in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life. (Romans 8:13–14, 1 Corinthians 3:16, 1 Corinthians 6:19–20, Ephesians 4:30, Ephesians 5:18)

I personally choose to follow Jesus and depend on Him for guidance. I seek to live out Christian principles and beliefs in my personal and professional life, and I commit to encourage and inspire the spiritual, intellectual, physical, and social growth of MPCS students and other adults.

Signature

Name

Date