

## Forms for CYPP

1. Persons working with or around children/youth
  - a. Application
  - b. Participation Covenant
  - c. Photo Permission
  - d. Disqualifying Offenses
2. Parents
  - a. Photo Permission
  - b. Electronic Communication
  - c. Parental Consent and Medical Authorization
3. CYPP Admin
  - a. Checklist for screening and training
  - b. Interview Guidelines
  - c. Reference Check
  - d. Authorization for Criminal records check
  - e. Incident Report
  - f. Disqualifying Offenses

## **CYPP Forms for Persons working with or around children/youth**

- a. Application – to be filled out by each person who wants to work with children or youth.  
Note: This form is not necessary for church staff or key holders who do not work with children or youth.
- b. Participation Covenant – to be filled out by everyone who works with or around children/youth
- c. Photo Permission – to be filled out by everyone who works with or around children/youth
- d. Disqualifying Offenses – reference document

**APPENDIX I CHILD/YOUTH PROTECTION WORKER APPLICATION**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Previous Experience with Children/youth: \_\_\_\_\_  
\_\_\_\_\_

Special Interests, Hobbies, Skills: \_\_\_\_\_

Availability to Work? (Check One or More)  
Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_

Can You Make a One-Year Commitment? Yes or No

Do You Have Your Own Transportation? Yes or No

Do You Have a Valid Driver's License? Yes or No; If Yes Please Provide Your License Number:  
\_\_\_\_\_

Initial here that we have your permission to check and obtain a report of your driving record and to share that information with those persons who will act on this Application?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_ Date initialed: \_\_\_\_\_

Why Do You Want To Work With Children/Youth? \_\_\_\_\_  
\_\_\_\_\_

What Gifts, Education, Training, or Interests Do You Have That Would Help You Work With Children/Youth?

What are your views on appropriate ways to discipline?

Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft or serious motor vehicle violations)? Yes or No

If "Yes" explain:

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Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing someone who was abused, etc.? Yes or No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If Yes, what was your role: \_\_\_\_\_

\_\_\_\_\_

References: Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and / or youth? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Do we have your permission to share this information with those persons who will participate in acting on this Application? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**APPENDIX V**

**PARTICIPATION COVENANT STATEMENT**

The congregation of Isle of Faith United Methodist Church is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statement reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of god through relationships with others.

No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should work with children or youth in any church-sponsored activity.

All adults involved with children or youth of our church must have been active participants of the congregation for at least six months before beginning a volunteer assignment.

All adults involved with children and youth of our church shall observe the Child Protection Policy at all times.

All adults involved with children and youth of our church shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and laws regarding child abuse.

All adults involved with children and youth of our church shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. Do you agree to observe and abide by all church policies regarding working in ministries with children and youth?      \_\_\_ Yes    No \_\_\_

I have read this Participation Covenant, and I agree to observe and abide by the policies set forth above.

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Signature of Applicant

Date

**Appendix IX**

**Photo Permission**

**Photo Permission FOR CHILDREN, YOUTH and ADULTS  
OF Isle of Faith UNITED METHODIST CHURCH  
1821 San Pablo Road, Jacksonville, Florida**

I give permission for still or video pictures of my child to be used for promotional purposes.

I do not give permission for still or video pictures of my child to be used for promotional purposes.

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Signature of **PARENT OR LEGAL GUARDIAN OF CHILD/YOUTH (if under 18 years of age)**

I give permission for still or video pictures of myself to be used for promotional purposes.

I do not give permission for still or video pictures of myself to be used for promotional purposes.

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Signature of **ADULT (if 18 years of age or older)**

## Appendix XI

### Disqualifying Convictions/Arrests

FS 435.04., which applies only to employment by a licensed child care facility, provides useful guidelines regarding the offenses which should disqualify a paid staff person or volunteer from working with children/youth in other non-licensed settings. The list of disqualifying offenses under FS 435.04 includes the following:

- a. Any offenses listed in s. 943.0435 (1) (a) 1, relating to the registration of the individual as a sexual offender.
- b. Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and the reporting of such sexual misconduct.
- c. Section 394.4593, relating to sexual misconduct with certain mental health patients and the reporting of such sexual misconduct.
- d. Section 775.30, relating to terrorism.
- e. Section 782.04, relating to murder.
- f. Section 787.01, relating to kidnapping.
- g. Any offense under Chapter 800, relating to lewdness and indecent exposure.
- h. Section 826.04, relating to incest.
- i. Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

Conviction or pleading guilty or *nolo contendere*, to any of the offenses listed above (or to similar offenses under the law of any other jurisdiction) shall disqualify an individual from a position involving working with children/youth. Conviction or pleading guilty or *nolo contendere* to any other felony offense or to criminal conduct involving minors under Florida law or any similar statute of another jurisdiction should be seriously considered as a factor that would disqualify an individual from employment or serving as a volunteer in a position involving work with children/youth.

Anyone whose background check indicates a pending arrest for any offense listed above shall not be approved to work with children/youth unless and until the arrest has been resolved in such a way that does not result in a conviction or plea of guilty or *nolo contendere*.

## **CYPP Forms for Parents**

The following forms are to be filled out by a parent or guardian for each child/youth participating in the Children's or Youth ministries:

- a. Photo Permission
- b. Electronic Communication
- c. Parental Consent and Medical Authorization – this form is needed when children/youth are participating in activities when parent/guardian is not immediately available in the event of medical care is needed (e.g. not needed while child is in Children's Church or Sunday School and parent/guardian also at church)



**Appendix IX**

**Photo Permission**

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Signature of **PARENT OR LEGAL GUARDIAN OF CHILD/YOUTH (if under 18 years of age)**

I give permission for still or video pictures of myself to be used for promotional purposes.

I do not give permission for still or video pictures of myself to be used for promotional purposes.

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Signature of **ADULT (if 18 years of age or older)**

**Appendix X**

**Consent Form for Electronic Communications with Children/Youth  
Isle of Faith United Methodist Church  
1821 San Pablo Road, Jacksonville, Florida**

My child, \_\_\_\_\_ (“Participant”), has my permission to receive communications from Isle of Faith UMC’s Director of Children/Youth Ministry/Director of Children’s Choirs or [other designated leader of specific children’s/youth activities or programs] [circle all that apply]

I understand that such electronic communications may be made via telephone, cell phone, text messaging, e-mail, the Church’s social media accounts, or other electronic means.

**Please note:** By providing the email address and/or cell phone number of a minor Participant, the parent or guardian grants permission for electronic communication from the group leader to the Participant in regards to all group activities in which Participant participates.

Participant’s e-mail: \_\_\_\_\_

Participant’s cell phone: \_\_\_\_\_

I do/do not [circle] insist that I be copied on all emails.

I do/do not [circle] insist that I be copied on all texts or messaging.

I do/do not [circle] insist that those permitted to communicate with my child become my friend on Facebook before communicating with my child.

I further understand that Children and Youth Ministries will use the Internet as an aid in teaching lessons during Sunday School, Children’s Church, Kids 4 Christ, and Living Light. All computers accessible to Children and Youth have parental controls in place.

I understand it is my responsibility to update the information below if it changes.

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Parent/Guardian Cell Phone:** \_\_\_\_\_

**Parent/Guardian E-Mail:** \_\_\_\_\_

**Parent/Guardian Facebook Name:** \_\_\_\_\_

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

**APPENDIX VI**

Isle of Faith United Methodist Church  
1821 San Pablo Road, Jacksonville, Florida

**PARENTAL CONSENT AND MEDICAL AUTHORIZATION**

Name of child/youth: \_\_\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_  
Street/Apt Number City Zip code

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

As the parent (or legal guardian) of: \_\_\_\_\_  
Child/Youth's Name

I understand that my child/youth will be participating in a number of activities for the calendar year \_\_\_\_\_, which carry with them a certain degree of risk. Some of the activities are swimming, boating, hiking, camping, field trips, sports and other activities which the church may offer. I consent for my child to participate in these activities.

Please indicate any restrictions on your child's/youth/s activities:

\_\_\_\_\_ I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

\_\_\_\_\_ I represent that my child/youth has restrictions on the following particular activities:

\_\_\_\_\_ I also understand and give consent for my child to travel to and from these events in transportation provided by volunteer drivers.

**MEDICAL TREATMENT AUTHORIZATION**

It is my understanding that the Church will attempt to notify me in care of a medical emergency involving my child/youth. If the church cannot reach me, then I authorize the church to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify the church if I feel there are any health considerations that would prevent my child/youth's participation in any of the activities listed above.

Allergies or other health considerations:

Insurance Company: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_  
**Notary Stamp/Seal, Date and Signature**

## **CYPP Admin Forms**

- a. Checklist for screening and training
- b. Interview Guidelines - capture interview notes for each applicant
- c. Reference Check - one for each applicant reference
- d. Authorization for Criminal records check - have applicant fill out after passing interview
- e. Incident Report – provide to Children’s Ministry and Youth Ministry directors for their distribution to their staff and volunteers
- f. Disqualifying Offenses

## Checklist for CYPP Screening and Training

Status	Activity/Form	Completed By	Received By	Filed
	Application	Staff/Volunteers working with Children/Youth*	Children's Ministry Director, Youth Ministry Director, or CYPP Admin	Yes
	Interview	CYPP administrator		Yes
	Reference Check	CYPP administrator		Yes
	Authorization for Criminal Record Check	All working with or around children/youth		Yes
	Criminal Records Report	Approved screening service	CYPP administrator	Yes
	Driving Records Report*	Approved screening service	CYPP administrator	Yes
	CYPP Training	All working with or around children/youth		
	Participation Covenant	All working with or around children/youth		Yes
	Photo Permission	All working with or around children/youth	CYPP admin	Yes

## APPENDIX II

### INTERVIEW GUIDELINES

There are a number of interview questions that can help in determining the motives behind why people want to work with children. Other questions can help to identify traits often found in child abusers. By asking questions, keeping notes and sharing your concerns and thoughts with other interviewers you may be able to screen-out potential abusers in the early stages of the pre-employment process.

- Tell me about yourself. This begins the interview with less threatening, open-ended questions. It allows the candidate some control in what he/she wants to share. They often reveal information in response to this question that you could not or would not think to ask.
- Summarize your employment history. Look for frequent moves, gaps in employment, and reasons for termination.
- Tell me about your experiences with children. Have you worked or volunteered for other youth serving organizations? Watch for adults whose lives seem to revolve around spending time with children.
- Share with me a favorite family memory. Adults raised in abusive households may have issues that they haven't dealt with. The majority of abusers have been abused as a child.
- What strengths can you bring to this job?
- Why do you want to work with children? Once again, watch the candidate who is too child focused or those who want to work with children because they are "pure", "innocent", "trusting", "non-judgmental", "clean", etc. Adults should want to work with children because they have something to offer children. Beware of the adult who wants to work with children because children meet their adult needs for control, love, or affection.
- What do you do in your spare (leisure) time? What are your hobbies or interests? Watch for those who prefer to spend their free time with children and those whose hobbies are more appealing to children than they are to most adults (i.e., video games, photography, models, magic, etc.).
- What ages of children do you prefer to work with? Child sexual abusers generally have a specific age they prefer. Does the candidate indicate a preference for sex, age, certain traits?
- Do you have any reservations about working with children of different ages? Same as above.
- Do you think there are any reasons to treat boys and girls differently? Listen closely to their reasons or rationale. Does it feel right?
- How were you disciplined as a child? How did you feel about this way? Watch for families that used physical punishment as a method to resolve problems. Does the candidate have unresolved issues related to their upbringing or do they condone this type of discipline?
- What do you consider acceptable discipline? Watch for the adult who needs to control or those with positive attitudes toward corporal punishment. Listen for signs that the candidate may use

psychological abuse to punish. Does their response indicate that they lack respect for children's thoughts and feelings?

- How do you tend to deal with stress? Can the candidate recognize when they are under stress? Do they have a plan for dealing with it? Is it acceptable? What makes you angry? How do you deal with anger? Same as above.

- If you saw another teacher/staff/volunteer, one you liked and respected, strike a child, what would you do? Make sure at some point the candidate plans to tell a supervisor.

- Have you ever been reprimanded at work? For what? Was the reprimand related to their ability to deal with children?

- Who are your best friends? Adult's best friends should be other adults.

- Do you relate better with adults or with children? Why? Be cautious of anyone who relates better to children than adults.

- How would you react to any accusation of child abuse? Watch for a comfort level, a reasonable response, a panic look, a carefully thought out manipulative response.

- What would you do if a child told you a secret? Make sure the candidate does not make a promise not to tell.

- What would you do if a child asked you a question about sex? Is the candidate comfortable with the topic? Do they share only what the child is asking?

- Ask other "what if questions. Watch for a candidate whose responses are consistent with your philosophy, who asks other staff for help and support; one who is a team player. Note how quickly they resort to punitive punishment and how realistic or honest the responses are.

- Ask other interview questions pertinent to the position you're interviewing for.

Be cautious of candidates who seem overly anxious to be hired, those who seem "too smooth" and those who try to take over the interview.

**APPENDIX III**

**REFERENCE CHECK**

Applicant name: \_\_\_\_\_

Reference name: \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_

How would you describe the applicant? \_\_\_\_\_

How would you describe the applicant's ability to relate to children/youth?  
\_\_\_\_\_

How would you describe the applicant's leadership abilities? \_\_\_\_\_

How would you describe the applicant's ability to relate to adults? \_\_\_\_\_

How would you feel about having the applicant as a volunteer worker with your child and/or youth?  
\_\_\_\_\_

Do you know of any characteristics that would negatively affect the applicant's ability to work with children or youth? If so, please describe.  
\_\_\_\_\_

Do you have any knowledge that the applicant has ever been charged with or convicted of a crime? If so, please describe. \_\_\_\_\_

Please list the names of other people you feel it would be beneficial for us to contact before making a decision on whether or not the Applicant should work with children or youth and please indicate a means of contacting them.

Please list any other comments you would like to make:

Reference inquiry completed by: \_\_\_\_\_  
Signature Date

Thank you very much for your response!  
You may return this form to:



**APPENDIX IV**

**AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK**

I, \_\_\_\_\_, HEREBY AUTHORIZE the Isle of Faith United Methodist Church to request any local, state or federal law enforcement department or agency to release information regarding any record of any investigations, charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed, against minors, to the fullest extent permitted by local, state and federal law. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application.

You are authorized to rely upon a photocopy or fax copy of this document.

\_\_\_\_\_  
Signature of Applicant                      Date

Print applicant's full name: \_\_\_\_\_

Print all other names that have been used by applicant (if any):  
\_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number : \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State in which license was issued: \_\_\_\_\_

License expiration date: \_\_\_\_\_

Request sent to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**APPENDIX VII**

**Child\Youth Protection Incident Report Form**

Reason for report: \_\_\_\_\_

Date-of-incident: \_\_\_\_\_ Time: \_\_\_\_\_

Place of incident: \_\_\_\_\_

Name of reporter: \_\_\_\_\_ Title: \_\_\_\_\_

Name(s) of Child(ren)/Youth: \_\_\_\_\_ Age(s): \_\_\_\_\_

Briefly describe what happened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses? \_\_\_\_ Yes No \_\_\_\_ If Yes, list.

What action did you take?

\_\_\_\_\_  
\_\_\_\_\_

Has the incident been resolved?: \_\_\_\_ Yes \_\_\_\_ No Explain:

\_\_\_\_\_

Have the following people been notified?

Pastor	_____	Bishop's Office	_____
Parent	_____	Police	_____
SPRC Chairperson	_____	Sheriff	_____
District Superintendent	_____	Other	_____

Signature of reporter: \_\_\_\_\_ Date: \_\_\_\_\_

Report submitted to: \_\_\_\_\_

## Appendix XI

### Disqualifying Convictions/Arrests

FS 435.04., which applies only to employment by a licensed child care facility, provides useful guidelines regarding the offenses which should disqualify a paid staff person or volunteer from working with children/youth in other non-licensed settings. The list of disqualifying offenses under FS 435.04 includes the following:

1. Any offenses listed in s. 943.0435 (1) (a) 1, relating to the registration of the individual as a sexual offender.
2. Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and the reporting of such sexual misconduct.
3. Section 394.4593, relating to sexual misconduct with certain mental health patients and the reporting of such sexual misconduct.
4. Section 775.30, relating to terrorism.
5. Section 782.04, relating to murder.
6. Section 787.01, relating to kidnapping.
7. Any offense under Chapter 800, relating to lewdness and indecent exposure.
8. Section 826.04, relating to incest.
9. Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

Conviction or pleading guilty or *nolo contendere*, to any of the offenses listed above (or to similar offenses under the law of any other jurisdiction) shall disqualify an individual from a position involving working with children/youth. Conviction or pleading guilty or *nolo contendere* to any other felony offense or to criminal conduct involving minors under Florida law or any similar statute of another jurisdiction should be seriously considered as a factor that would disqualify an individual from employment or serving as a volunteer in a position involving work with children/youth.

Anyone whose background check indicates a pending arrest for any offense listed above shall not be approved to work with children/youth unless and until the arrest has been resolved in such a way that does not result in a conviction or plea of guilty or *nolo contendere*.