

Dear Potential Kidz Team Member,

In the Children's Ministry, our goal is for kids to have REAL FAITH & REAL FUN. To do this, we have an amazing team of men and women who work with the kids. We would love to have a chance to meet you and show you what our team members do. I look forward to working with you to see if the Children's Ministry is the place that God has designed you to serve here at Cornerstone.

To be involved with our Kidz Team, we have two steps to begin with. The first is to our application process. There are several papers that we will need you to fill out. You can fill out these forms and bring them to the Kid's Registration desk. They are:

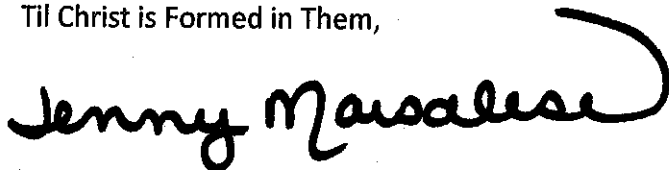
1. An application form that has general information and references.
2. A basic orientation agreement form that outlines our "Safe Place for Kids" policy.
3. Clearance paperwork – this covers both child abuse and criminal clearances.
(This is for volunteers that are 18 years or older)

The second thing that we do is set up a First Serve. This is where you would pick a weekend service and come "see" what we do. One of our leaders will meet you and show you the area you are interested in and outline what the different team members do. It gives you a chance to make sure this is a good fit for you. Please look at your calendar and let us know a date that works best for you so we can arrange a leader to be there and take you through the ministry.

After you have done those two steps, we will then decide if serving on the Kidz team is the best fit for you and we can discuss when you would like to serve and how often. We also require all of our volunteers (over 18) to attend our 2 hour training class called Safe place for Kidz where we outline our safety and security procedures.

I really appreciate you wanting to help our kids know Jesus better and grow in their faith. If you have any questions or want to set up your First Serve, please let me know by calling 724.733.0030 x235 or email at jmarsalese@cornerstonelive.net.

Til Christ is Formed in Them,



Jennifer Marsalese
Director of Children's Ministry



Building lives & families on lasting values

Children's Ministry Volunteer Application

Name _____
Last First Middle Date of Birth

Address _____
Street City Zip

Home Phone _____ Work Phone _____

Mobile Phone _____ E-mail _____

Best time to be contacted _____ Best way to be contacted _____

What specific areas are you interested in serving in? _____

Position applying for _____

Present church member _____ Yes _____ No _____ In membership process

Church positions held in the past _____

Occupation _____

Where employed _____ Full-time / Part-time

What skills, spiritual gifts, or talents do you have which might be useful in this position?

What training or experiences do you have which might be useful in this position?

Character:

As a Children's Ministry Team Member, you are accepting a role of leadership and servant hood. Each person in the ministry plays a vital role. God has great things planned for each child and He needs each of us to be a member of the team. Each adult and teen helper becomes a role model and leader to the children and families who come. Please know the spiritual importance of being part of this team. In being part of the team, you will be look up to and admire by the children. We want to make sure that everyone is doing their very best to lead and guide the children in spiritual and moral excellence.

Do you have a personal relationship with Jesus Christ? _____.

Please tell a little bit about your relationship with Jesus.

Do you spend time regularly with the Lord in prayer and Bible Reading? _____

Are you doing your very best to live a moral life? _____

As a Team Member, I understand that the following things are required of me.

- A. I will come with a servant's heart and remember to focus on the children.
- B. I will dress modestly and appropriately while serving with the Children.
- C. I will not gossip or talk about anyone in an improper way.
- D. I will speak with kind and gentle words when talking to children, their families and volunteers.
- E. I will not participate in immoral behavior, in my language, sexually or with my actions.

_____ (Your Signature)

References: (Please do not use immediate family) Please list three references that we may contact. Please let your references know that we will be calling.

1. Name _____ Relationship to Applicant _____

Years you have know this person _____

Home Phone Number _____ Work Phone Number _____

2. Name _____ Relationship to Applicant _____

Years you have know this person _____

Home Phone Number _____ Work Phone Number _____

3. Name _____ Relationship to Applicant _____

Years you have know this person _____

Home Phone Number _____ Work Phone Number _____

Clearances:

Do you have a criminal record of any kind? Yes No (If yes, please explain below)

Do you have any record of child abuse or sexual abuse or been involved in any activities related to molesting or abusing children/youth? Yes No (If yes, please explain below)

Student Section:

If you are a student under the age of 18, please fill out the following section. Please have your parents sign the form below acknowledging that you are able to serve in the Kidz Ministry.

Age _____ Grade _____ School _____

I understand that my child is applying to serve as part of the Kidz Team. I will help them fulfill their commitment and support them as they serve.

_____ (Parent Signature)

If you have not previously been a part of the Children's Ministry, you will need to complete the Criminal Record and Child Abuse Clearance forms and the release form or provide a copy of these clearances as well as review our "Safe Place for Kids" Policy and sign the agreement. Please obtain this from the Children's Ministry Director or ask at the registration desk for the clearance paperwork. We also ask that you take the "Safe Place for Kids" training which is offered once a month. Please inquire regarding upcoming dates.

I certify that all the information provided in this application is true and complete. I understand that any false information or mission may disqualify me from further consideration and may result in my removal if discovered at a later date.

Signature _____ Date _____

BASIC ORIENTATION AGREEMENT

Cornerstone Ministries
2200 Cornerstone Lane
Export, PA 15632
724.733.0070

Abuse Defined

Abuse comes in many forms including Sexual Abuse, Emotional Abuse, Physical Abuse, and Neglect.

- Sexual Abuse: inappropriate touching from a casual touch through intercourse, comments of a sexual nature, sharing of pornographic materials, exhibitionism, etc.
- Emotional Abuse: demeaning comments or actions meant to invoke violence or emotional cruelty
- Physical Abuse: direct physical contact that creates bodily harm
- Neglect: ongoing withholding of basic human needs

Prevention is your responsibility

Cornerstone Ministries is dedicated to prevent any act abuse from occurring in all ministry activities sponsored by the church. We hope that our prevention efforts will extend beyond our environment to people, families, and the community. Our plan includes actions to address allegations of abuse including criminal prosecution of perpetrators. You are entrusted to serve children and/or vulnerable adults and have the responsibility to build and maintain an environment free from all forms of abuse.

Basic do's and don'ts

DO	DO NOT
Seek to implement the two adult rule	Be alone with a child
Eliminate opportunities for individual private contact	Allow anyone to be alone with a child
Engage and encourage strong and meaningful relationships	Allow another child to be alone with a younger child
Work with children with at least a 5 year age difference	Work with children with less than a 5 year age difference
Observe appropriate touching guidelines	Engage in inappropriate touching
Mentor / counsel members of your own gender	Mentor / counsel a member of the opposite gender
Adhere to parent pick up policy / security system	Allow any child to leave without their parent or assigned adult
Report any questionable circumstances to the adult in charge	Overlook questionable behaviors by adults or children
Attend the next A Safe Place for Kids! training	Take matters into your own hands

We need you to:

Take the safety of our children and vulnerable adults very seriously. Indicate your agreement with us to implement our "A Safe Place For Kids! Policy" by signing below:

Signed _____ Date _____

Print Name _____

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- Foster parent
- Prospective adoptive parent
- Employee of child care services
- School employee governed by the Public School Code
- School employee not governed by the Public School Code
- Self-employed provider of child-care services in a family child-care home
- An individual 14 years of age or older applying for or holding a paid position as an employee
- An individual seeking to provide child-care services under contract with a child care facility or program
- An individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
- An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year

- Volunteer having contact with children
 If purpose is volunteer having contact with children, choose SUB PURPOSE:
 - Big Brother/Big Sister and/or affiliate
 - Domestic violence shelter and/or affiliate
 - Rape crisis center and/or affiliate
 - Other: Church
- PA Department of Human Services Employment & Training Program participant (signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (If different from home address)	OTHER ADDRESS (If Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (include maiden name, nickname and aliases)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (include all addresses since 1975, partial addresses acceptable, attach additional pages if necessary)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Name all persons who lived with you at any time since 1975 to present. Please include parent/guardian of the person(s) who raised you; attach additional pages as necessary)			
Name (First, Middle, Last)	Relationship	Present	Gender
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE

DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #



DISCLOSURE AND AUTHORIZATION
 (IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)

Cornerstone Ministries ("the Company") may obtain information about you for employment and/or volunteer purposes from a third party consumer reporting agency. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is related to the duties and responsibilities of the position for which you are applying. You have the right upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. Please be advised that the nature and scope of the most common form of investigation consumer report obtained with regard to applicants for employment and/or volunteerism is an investigation into criminal history conducted by First Advantage Background Services Corp. ("First Advantage"), P.O.Box 105292, Atlanta, GA 30348, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. Volunteer information will only be reviewed once at time of application and then every 3 years if still serving in a volunteer capacity as per our SPFK policy. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment or volunteer service time, if applicable. To this end, I hereby authorize without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Advantage, P.O. Box 105292 Atlanta, GA 30348, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <http://www.fadv.com/privacy-policy/>. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Signature _____ Date _____

PLEASE PRINT
 Other Names/Alias: _____

*Social Security #: _____ *Date of Birth: _____

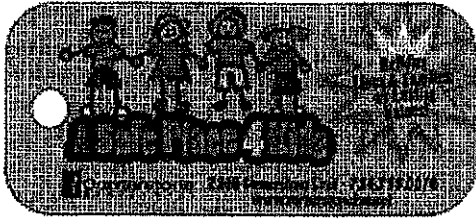
Drivers Lic #: _____ State Issued: _____

Current Address: _____ City _____ Cnty _____ St. _____ Zip _____

How long at this address? (month/years) _____

Thank you for applying to serve in the ministry at CORNERSTONE MINISTRIES.

*This information will be used for background screening purposes only and will not be used for hiring criteria.



Requirements for the Child Protective Service Law:

For the new law in Pennsylvania, all volunteers must have fingerprinting completed or sign an affidavit that they have lived in PA for the last consecutive 10 years.

If you have lived in PA for the past consecutive 10 years, please sign the following affidavit and hand it to the leader to witness and sign.

If you have not lived in the state of PA for the past consecutive 10 years, please sign the paper below so we can connect you with our fingerprinting process.

I have not lived in the state of PA for the past consecutive 10 years, so I will need to be fingerprinted under the new law.

_____ (Volunteer Name)

_____ (Ministry Serving In)

_____ (Date)



**A SAFE PLACE FOR KIDS!
DISCLOSURE STATEMENT**

Required by the Child Protective Service Law 23 Pa. C.S. Section 6344

I swear/affirm that I am seeking a volunteer position and AM NOT required to obtain a clearance through the Federal Bureau of Investigation, as:

- The position I am applying for is unpaid; and
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse or as an individual responsible for a founded report within the past (5) five year as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statues or equivalent crime in another state.

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- Section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) (d) (relating to obscene and other sexual material and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that my participation in the program, activity or service must be terminated if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the people responsible for volunteer decisions, the **Kathi Labra Operations Manager, Jenny Marsalese Children's Ministry Director** or a **Safe Place for Kids Coordinator** has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, that person shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for volunteer decisions, **Kathi Labra, the Operations Manager, Jenny Marsales, Children's Ministry Director** or **Safe Place for Kids Coordinator** is required to maintain a copy of my clearances. I hereby swear/affirm that the information as set forth above is true and correct.

I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____