

**Trinity Episcopal Church
and Dioceses of Southwestern Virginia**
Youth Ministry Questionnaire for Adult Leaders

To insure the safety of both our young people and those who serve them, Trinity Church and DIOSWVA asks all individuals over the age of 18 to complete this form. The confidentiality of its contents will be honored, and the form will be kept locked separately from other church youth materials. Failure to complete this form in its totality will prevent your involvement with children or youth ministry within the parish. Please print out and return do NOT email. Also add signatures after printing.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parish and City/Town: _____

Previous Parish Community: _____

Address of Previous Church: _____

Social Security Number: _____

Driver's License Number: _____

Current Place of Employment: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Number of Years working at this location. _____

Previous Place of Employment: _____

Address: _____

Name of Supervisor: _____ Phone: _____

Number of Years working at this location. _____

Reasons for leaving this place of employment: _____

Please list previous experiences you have had in working with youth, volunteer and/or paid. Include name and phone numbers of these agencies as well as the time period you worked there.

Please list three individuals, other than family members, who can verify your character and skills in working with youth. Include phone numbers and addresses where these individuals can be reached as well as a brief statement of how they know you.

Have you had any driver's license or other license suspended or revoked? If so, give full details.

Have you ever been convicted of driving under the influence? If so, list each such conviction by date and location. _____

Have you ever been arrested, charged with or been the subject of any investigation for any form of sexual misconduct, child abuse or any other felony or misdemeanor? If so, please give full details.

Please write a brief statement of why you would like to work with the youth of Trinity Church.

Trinity Episcopal Church and Dioceses of Southwestern Virginia
A Covenant for Adult Youth Leaders

- ◆ Two or More and Open Door Policies: There **must** always be at least two adults present during any youth event. Adults must never be alone with a young person, those 18 or under. If an adult needs to be with the youth alone, he or she will give notice to another adult/youth and do so with the door open or in view of others.
- ◆ All adults **must** follow all group norms, which include no use of tobacco products, illegal drugs or alcohol and no inappropriate sexual or intimate behavior during the event.
- ◆ Adult leaders **must** be at least 24 years old before driving young people during a youth event.
- ◆ Adult youth leaders **must** have written permission of a youth's parents before transporting that youth.
- ◆ Adult youth leaders **must not** give a youth any form of medication, prescription or over-the-counter, unless indicated on the youth's medical form. All medications, prescription or over-the-counter, **must** be collected by an adult leader during youth events.
- ◆ Adult youth leaders **must** provide release forms (medical and liability) for any youth event outside the church grounds.
- ◆ Adult youth leaders **must** complete an accident report form for all accidents occurring during a youth event.
- ◆ Adult youth leaders **must** report any suspected child abuse or neglect.
- ◆ All volunteers who regularly supervise youth activities in church settings **must** participate in the "Safeguarding God's Children" training program.
- ◆ Adult youth leaders **must** complete and return the following forms: *Youth Ministry Questionnaire, Authorization and Request for Criminal Records Check, Transporting Youth in a Motor Vehicle*, and the *Covenant for Adult Youth Leaders*.
- ◆ Adult youth leaders **must** give permission for a Social Services, Criminal, and DMV background check.

I have read and I understand the guidelines listed above, agree to follow them, and to complete and return all forms requested. *By typing my name, I agree that it acts as a signature.*

Adult Leader's signature: _____

Address: _____

Date: _____

Transporting Youth in a Motor Vehicle
Trinity Episcopal Church and Dioceses of Southwestern Virginia

All adults who will transport youth within the scope of Trinity Youth Ministries and DIOSWVA are to complete this form. Completed forms will be kept on file in a secure place at the church office and will be updated regularly.

Name: _____

Address: _____

Home Phone: _____ Cell #: _____ Work#: _____

Parish and City/Town _____

Vehicle Information

Make and Model: _____

Year: _____ Color: _____

Is your vehicle in good repair and equipped with safety restraints? If so, how many? _____

If there is another vehicle you might use in the course of transporting young people, please describe in the same way as above. _____

Do you have a valid driver's license, up-to-date automobile insurance and proof of registration that you will provide if requested? _____

Have you received any traffic violations within the last five years? _____ If so, give details of each on the back of this form.

Attach to this form a copy of your current driver's license, current car insurance and vehicle registration information.

In transporting youth, I agree to abide by the parish/diocesan policy of having all passengers buckled while the vehicle is running; to obey all traffic regulations, including speed limits, and not to drive while under the influence of alcohol or any medication taken within 8 hours that may impair my driving, or if I suffer from lack of sleep. By typing my name, I agree that it acts as a signature.

Adult Leader's

Signature: _____ Date: _____

Rev: 9/2017

Authorization and Request for Criminal Records Check

Trinity Episcopal Church and Diocese of Southwestern Virginia

I, _____, hereby authorize Trinity Episcopal Church to request the _____ police/sheriff's department to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is 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 state and federal law. I do release said police/sheriff's department from all liability that may result from any such disclosure made in response to this request.

Signature of Adult Leader: _____ 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 (if required by sheriff's dept.) _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

Request sent to: _____

Name: _____

Address: _____

Phone: _____

Accident Report Form

Trinity Episcopal Church
Staunton, Virginia

(Please print all information)

Date of accident: _____ Time of accident: _____

Name of youth injured: _____ Age: _____

Address of youth: _____

Parish of youth: _____ Town: _____

Location of accident: _____

Parent or guardian: _____

Name of person(s) who witnessed the accident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe the accident: _____

Describe what care the youth was given:

Trinity Episcopal Church and Dioceses of Southwestern Virginia
Youth Medical Information
2017-2018

Participant's name: _____

Current status of participant's health: _____

Is the participant allergic to any medication/food/insect/etc.? YES NO

If yes, please list. _____

List any medications the participant is currently taking, or state none. _____

List any medical conditions of which we should be aware. _____

Name of participant's doctor: _____ Phone: _____

What is the date of participant's last tetanus toxoid immunization? _____

Please check any of the following over-the-counter medications the participant **should not** be given.

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen | <input type="checkbox"/> Antihistamines |
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Decongestants |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Maalox Antacid |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Imodium Anti-Diarrhea |
| <input type="checkbox"/> Antiseptic cream/ointment | <input type="checkbox"/> Kaopectate |
| <input type="checkbox"/> Pepto-Bismol | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> Hydrocortisone cream | _____ |

List any activities from which the participant should be restricted. _____

List any foods the participant is allergic to. _____

Is the participant under any treatment for any chronic or current emotional problems? YES NO

If yes, please explain. _____

For girls under 18 years:

Has this person menstruated? YES NO If not, has she been told about it? YES NO

If yes, is her menstrual history normal? YES NO Special considerations? _____

Insurance Information

Name and contact information for company with which you have coverage: _____

Group/Individual Policy Number _____ Identification Number _____

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Parent's Authorization

I understand that Trinity Episcopal Church of Staunton, Virginia and DIOSWVA does not provide medical/accident insurance coverage for my child, and I accept the responsibility to provide any needed coverage. Further, in the event an injury should occur and require medical assistance, I give permission to any physician to render appropriate medical care, hospitalize, and order anesthesia and/or surgery as deemed necessary. I also give permission for the adult staff to administer over-the-counter medication my child may need during this event.

Parent/guardian's signature: _____ /Relationship: _____
(By typing my name, I agree that it acts as signature.)

Date: _____

Phone number where you can be reached during this event. We would like a few different options in case of emergency:

1. _____
2. _____
3. _____

Parent's Authorization to Ride

I give my child/ren _____ permission to ride with an authorized Trinity adult to special events held in coordination with Trinity choir, children and youth programs.

Parent/guardian's signature: _____ /Relationship: _____
(By typing my name, I agree that it acts as signature.)

Date: _____

My child/ren can ride with these individuals:

1. _____
2. _____
3. _____