

2018 Baptist Youth Camp of the Ozarks Screening Form

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and society. The following policies reflect our commitment to provide protective care for all children, youth, and volunteers who participate in Baptist Youth Camps of the Ozarks at Sagmount Baptist Camp.

1. Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any church sponsored activity or program for children or youth.
2. Adult survivors of childhood sexual or physical abuse need love and acceptance of this church family. Individuals who have such a history should discuss their desire to work with children or youth with one of the pastoral staff prior to engaging in any volunteer service,
3. All adult volunteers working with youth or children are required to be members of their respective churches for a minimum of six months.
4. Adults volunteers should observe the "two adult" rule. This requires that adults are never alone with children or youth without another adult present.
5. Adult volunteers should immediately report any behavior that seems abusive or inappropriate to their supervisor.

PLEASE ANSWER EACH QUESTION. YOUR RESPONSE WILL BE KEPT FULLY CONFIDENTIAL.

1. As a church volunteer, do you agree to observe all church policies regarding working with your or children?

_____ YES
_____ NO

2. Have you ever been convicted of or pleaded guilty to a crime?

_____ YES (please describe on the back of this paper)
_____ NO

3. Were you a victim of abuse or molestation while a minor?

_____ YES
_____ NO

If you prefer, you may refuse to answer question #3, or you may discuss your answer in confidence with the camp director rather than answering it on the form. Answering yes, or leaving the question unanswered, will not automatically disqualify an applicant for child or youth work. I HAVE READ THE ABOVE POLICY AND AGREE TO OBSERVE THE SAFEGUARDS LISTED.

Signature _____ Date _____

Please Print Name _____ Church Name _____

(This form is for the participating pastor to use to screen their helpers and does not need to be turned in to the Registrar.)