

**St. John The Baptist Greek Orthodox Church
Covenant for Youth Workers/Advisors**

Name of Youth Worker: _____

Email: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone/Email: _____

**The term/office of responsibility runs through September 13, 2015 to
September 30, 2016**

As a volunteer for St. John Greek Orthodox Church, I pledge to uphold the following rules and regulations for student safety.

There is no tolerance for abuse. If I observe inappropriate behavior or suspect abuse (physical, emotional, or sexual) I will report it immediately to my ministry head or to Fr. Stavros Akrotirianakis.

I understand that if I do not follow these policies or if I am found committing a prohibited act or an act considered by the church to be harmful to a child I will be immediately suspended from participation in Youth Ministries.

I agree to complete the volunteer application and submit to a Level 3 background check.

I agree that a minimum two-deep leadership is required in every situation with a child. If this is not possible, as in a school classroom, the door must be left open or the meeting must be held in view of other students and adults. If the child is younger than five and needs one-on-one assistance, a parent will be notified immediately.

I agree that no form of physical discipline is acceptable.

I agree that separate accommodations for adults and students are required, except for parents traveling with own children.

I agree to wear appropriate and modest attire for all activities.

I agree to limit physical contact with children to appropriate actions as defined in St. John's "physical contact policy."

I agree to have neither communication with minors outside of church-related events nor any communication with them via any digital means outside of official Church social networking pages.

If I receive anything digitally or otherwise inappropriate from a young person, I will report it to a supervisor immediately.

I will not engage in sexually oriented conversations with students.

I will not use tobacco in the presence of my students.

I understand that staff and volunteers are prohibited from the use, possession, or being under the influence of alcohol or any illegal drugs while working or volunteering in the St. John Greek Orthodox Church, while traveling with students, or while working with or supervising students.

I will strive to speak in a positive and uplifting manor while with my students.

I am a member in good standing of the Orthodox Christian Church

I attend church regularly and am active in the sacramental life of the church.

I agree to comply with the above to the best of my ability.
_____ (please initial)

I understand that the Parish Priest is the ultimate director of all Youth Parish Ministries. _____ (please initial)

SIGNITURE OF YOUTH WORKER

DATE

SIGNITURE OF PARISH PRIEST

DATE

St. John The Baptist Greek Orthodox Church
Safety Application Form for
Volunteers and Employees
CONFIDENTIAL

Name: _____

Address: _____

Phone: _____ Email: _____

Drivers License # _____

Sex: _____ M _____ F Date of Birth: _____

Marital Status: _____ (*single, married, separated, divorced, widowed, etc.*)

Are you a member or regular attender of this church? _____ If so, for how long? _____

How long have you lived at your current address? _____

Previous address: _____

List all other cities and states where you have lived as an adult:

Date: _____

Please list the name, address, city and state of other churches you have attended regularly during the past 10 years: _____

Please list *all previous church work* involving children, students or vulnerable populations (impaired, adults, special needs individuals etc.). (List each church's name and address, type of work carried out, dates, and a **contact person** familiar with your work there. **Use back of this page for more space, if necessary.**)

Please list *all previous non-church work* involving children, students or vulnerable populations. (List each organization's name and address, type of work carried out, dates and a **contact person** familiar with your work there.) _____

List any talents, vocations, preparation, training or other experiences that have equipped you to work with children, students or vulnerable adults:

Because our church cares for our members and our children, and desires to protect them, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy.

Why do you want to work with children or vulnerable adults at _____ Church?

Do you have a preference concerning the age group or sex of children or students with whom you would like to work? Why?

What is your philosophy concerning re-direction or discipline of children?

When you are unhappy, angry or emotional about a person or circumstance, what do you do?

Have you experienced any significant physical or emotional stresses within the past year, such as the loss of a parent, spouse, or child, extreme ill health, or any emotional or physical crisis? If so, please briefly explain. (Use back of page if necessary.)

If you were physically or sexually abused as a child, would you consider utilizing church resources to seek healing in this area of your life?

Have you ever physically or sexually abused a child?

Has someone ever accused you of abusing a child?

RELEASE

I authorize St. John Greek Orthodox Church to contact all individuals, organizations and references listed on this **Safety Application Form** in order to verify the information I have provided to the church. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references, as well as contact persons from my previous church and non-church work, listed on this application.

I specifically authorize the church to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____ Date: _____