

Date: October 2010

Thank you for your interest in volunteering to work with the children and youth of the Presbytery of Winnebago.

**The Presbytery of Winnebago requires that every potential volunteer completes the enclosed forms.** We realize that the information requested is of a personal nature, but we believe that this screening process is the best way to meet both our moral and legal obligations. Above all, we want to provide a safe and secure experience for our children and youth.

Please note that at least one of the adults providing supervisory leadership for children or youth in a particular situation must be a member of the presbytery or a congregation in the presbytery.

Because of the potentially sensitive nature of the information on the form, access to your application will be very limited. Each application will be reviewed by two people, designated by the committee or planning team for the event and/or the assigned presbytery staff member. All information will be kept confidential.

Please read all of the enclosed information carefully. Please keep the Child Protection Policy and the Incident Report Form. When you have completed and signed the volunteer application, the background check release and request forms, and the covenant return them to the Presbytery office addressed:

Volunteer Application  
Winnebago Presbytery  
5765 W. Grande Market Dr. Ste B  
Appleton, WI 54913

Enclosures: Volunteer Application Form  
Background Check Release and Request Forms  
Covenant  
Child Protection Policy  
Incident Report Form



**BACKGROUND INVESTIGATION RELEASE**

I understand and certify that all the information, written and verbal, that I furnish during this process must be true and without exception.

I understand that any false statements that have been presented by me and offered as truth in this application process will be cause for rejection.

I hereby authorize Winnebago Presbytery to conduct a criminal and driver record background investigation.

**I acknowledge that I have read and understand the preceding statements and I hereby agree to the same.**

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

# COVENANT

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Presbytery of Winnebago  
Child Protection Policy

## COVENANT FOR LEADERS OF CHILDREN AND YOUTH

- During my time at (event) I will live as a Christian called to service in God's kingdom.
- I understand that I have been entrusted with the safety and welfare of all the children and youth assigned to me. At all times I will guard their physical safety and mental, emotional and bodily health.
- I understand that I have been entrusted with the spiritual health of all the children and youth assigned to me. At all times I will care for their faith development. I will care for their needs for friendship and security and I will work to build a caring, loving community within the classroom and within the (event).
- I will take care of my own physical and spiritual health.
- I understand that I must be careful of "suggestive" situations. I will never be alone with a child or youth in my care. If someone requests time alone with me, we will meet in sight of others, but not necessarily where others can hear us.
- I will never touch a child or youth in anger.
- I will use appropriate signs of affection and Christian caring. I will respect the feelings of those who do not enjoy even the slightest casual touch.
- I will guard my language. I will not swear or use inappropriate language in the presence of children and youth.
- I will set a good example of respecting the property where (event) is held and the property of others and I will be a good steward of God's earth.

**I have read the child protection policy and covenant and agree to abide by these statements. I understand that if I do not abide by this agreement, my volunteer services can be terminated at the discretion of the Presbytery staff and/or committee or planning team for this event. By signing below, I am acknowledging this covenant between the Presbytery and myself.**

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Signature

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Print Name

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Date

# INCIDENT REPORT FORM

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

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_

Event/Activity \_\_\_\_\_

Name of Reporter \_\_\_\_\_

Name(s) of Child(ren) \_\_\_\_\_ Age(s) \_\_\_\_\_  
\_\_\_\_\_

Quote the child's/youth's first words verbatim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe child's/youth's demeanor/appearance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action did you take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Were there any witnesses?  Yes  No  
Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures of witnesses (if possible): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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