



Policy Number: A0001	Ministry: Administration
Background Check Policy	

# Revision History

Revision	Changes	Date
A	Initial Issue Approved by Church Vote	6/2/2013

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## I. Purpose

Ridgeview Baptist Church values the safety of children in its care, its employees and volunteers, and the people whom it serves. Accordingly, Ridgeview Baptist must take prudent measures to protect its human and material resources. Effective upon approval of this policy, Ridgeview Baptist Church requires that criminal history and sexual predator background checks be conducted for all church personnel as well as volunteers working in unsupervised contact with children under the age of 18. These background checks are required in addition to proper screening, interviewing, and reference checks conducted by all hiring committees.

## II. General Policy

All paid Church personnel shall have a criminal history and sexual predator background check. Volunteers who regularly are entrusted with unsupervised contact with children under age 18 will have a criminal history and sexual predator background check. Vendors or outside contractors will be required to give proof that their employees who have access to our children, have had a criminal background check and can be placed in a position involving unsupervised contact with a minor.

## III. Policies

### 1. Procedure

At the time of application for employment or assignment or request to volunteer, the Applicant will be provided with a copy of this policy. This policy will be retroactive to incumbent Church personnel and volunteers. They will be provided with a copy of this policy and will be required to have a criminal history/ sexual predator background check, if they have not done so within the past year.

- The current service provider for background checks is Protect-My-Ministry®
- The hiring committee or Department Director will provide each applicant/volunteer with an Information Request Form, Attachment 1 or an instruction sheet, Attachment 2, directing the applicant/volunteer to enter their information into the Protect-My-Ministry database.
- Once the applicant has entered the information into the database, the Trustees will receive an email notification of the application.
- The Trustees will then log into the database and order the background check. The trustees will be notified when the background check is complete.
- The trustees will then log into the database and review the results.

If the applicant uses the Information Request Form, the following procedure will be followed:

- Once completed by the applicant/volunteer, the form will be returned to the Director or hiring committee chair.
- The Director or hiring committee chair will deliver the form to the Trustees who will be responsible for having the background check completed.
- Once the background check is completed, the Trustees will shred the form
- Re-checks will be conducted in at a maximum of every three (3) years in September.

### 2. Requirement

A criminal history background check is a condition for employment or volunteering. Noncompliance with the policy will result in loss of employment or volunteer position.

**3. Responsible Agent**

Requests for a criminal history background check will be conducted through a source selected by the Trustees, and/or Deacons. Information or reports obtained from the background check provider will be maintained in a safe and secure location.

**4. Type of Background Search**

All Church personnel and volunteers will be required to have a criminal records history and sexual predator background check. It is expected that record searches will be conducted by the selected source.

Criminal history and sexual predator background checks will encompass all places where the person has lived for the past seven years. If the person has worked outside the state of Tennessee, a background check will also be conducted in that state. Follow-up background checks will be made at a minimum of one year.

**5. Compliance Monitoring**

The Trustees will submit an annual report on the compliance with these policies, at the final Church Conference of the year. An example of this report will be a simple statement that this policy has been complied with. A number of background checks may also be reported. This information will be entered into the Church Conference minutes for a record of compliance.

**6. Communicating Results**

Upon receipt of negative results from the criminal or sexual predator background check the Trustees shall communicate, as appropriate with the Department Director and/or Chair of the hiring committee. These individuals, and other appropriate individuals, (Pastor and Deacons) will make a final determination regarding future service of the volunteer or hiring of the applicant.

Under the Fair Credit Reporting Act (FCRA), the applicant or volunteer has the right to be notified of negative impact resulting from the criminal history background check, as well as obtain a copy of the background check.

**7. Control Policy**

All information will be kept in a secure location; available only to the Trustees.

**IV. Attachments - Information Request Form and Applicant Entry Form**

See below.

**V. Attachment 1 - Information Request Form**

This form is to be completed by all those desiring to be employed by Ridgeview Baptist Church, or those desiring to serve in any ministry where there will be unsupervised contact with children under the age of 18 years old. This form is to be used to help Ridgeview Baptist Church provide a safe and secure environment for those who participate in our programs and use our facilities.

Today's Date:	Date of Birth:	SS Number: - - -
Drivers License No.: State	Street Address:	
City:	State:	Zip Code:
Phone Number:		
<i>If at the above address less than 7 years, give previous address and number of years there:</i>		
Street Address:		
City:	State:	Zip Code:
Years at this address:		
Street Address:		
City:	State:	Zip Code:
Years at this address:		

I authorize and understand that in order to be employed or volunteer at Ridgeview Baptist Church, I must have Ridgeview Baptist Church perform a criminal records check, and release such information to the following:

**Ridgeview Baptist Church**  
**234 Hurd Road**  
**Church Hill, TN 37642**  
**(423) 357-4631**

I release Ridgeview Baptist Church from any liability or damages resulting from the release of this information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>For Trustee Use Only:</b>	Initial Check: <input type="checkbox"/>	Re-Check: <input type="checkbox"/>
Area of Service: Staff: <input type="checkbox"/>	Preschool: <input type="checkbox"/>	Children: <input type="checkbox"/> Youth: <input type="checkbox"/>
Date Completed:	Signed by:	

VI. Attachment 2 - Applicant Entry Form

Open your web browser and enter the following URL: <https://www.ministryopportunities.org/RidgeviewBC>

This will take you to the application form as shown below. Estimated time to complete 3-5 minutes. You are allowed 40 minutes. Please complete as soon as possible.

Type your full name.

Click if appropriate.

Date you have lived at current residence.

Current Address

If less than 7 years, fill in previous address Section.

Complete the remaining portion of the Form to include SS number, Date of Birth, Ethnicity, Gender, Email and then Click Next at the bottom of the screen.

Please read Authentication text. Check the "I Agree" box, type your name. Click the submit button.

**Application Form**

Please enter your information within the next 40 minutes  
 \* This online application is protected by a Secure Certificate Authority supports up to a TLS1.2 256-bit encryption process. This process can be verified using your browsers security token information page. All information provided on this form is secure. For more information on how to access this information, please contact us.

Full Legal Name: [First] [Middle] [Last]

Other Names Used:  Check this box to enter other names you may have been known as in the past, such as your maiden name.

Current Address Since: (MM/DD/YYYY) [Street, apartment, etc.] [City] [State] [Zip]

Previous Address From: (MM/DD/YYYY) [Street, apartment, etc.] [City] [State] [Zip]

Previous Address From: (MM/DD/YYYY) [Street, apartment, etc.] [City] [State] [Zip]

Social Security Number: (###-##-####) Required Only for Identity Verification Purposes

Date of Birth: (MM/DD/YYYY) Required Only for Identity Purposes

Ethnicity: Race/Ethnicity Unknown

Gender:  Female  Male

Phone Number: (###)###-####

Email: [ ]

Figure 1

**Authorization Text:**

The information contained in this application is correct to the best of my knowledge. I hereby auth Ridgeview Baptist Church Hill and its designated agents and representatives to conduct a compreh review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the consumer report/investigative consumer report may include, bu limited to the following areas: verification of social security number; current and previous reside employment history, credit history, education background, character references; drug testing, civil criminal history records from any criminal justice agency in any or all federal, state, county jurisd driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Soci Administration and law enforcement agencies) to divulge any and all information, verbal or writte to me, to Ridgeview Baptist Church Hill or its agents. I further authorize the complete release of ar or data pertaining to me which the individual, firm, corporation, or public agency may have, to ind information or data received from other sources.

I hereby release Ridgeview Baptist Church Hill, the Social Security Administration, and its agents, c representative, or assigned agencies, including officers, employees, or related personnel both indiv collectively, from any and all liability for damages of whatever kind, which may, at any time, result heirs, family, or associates because of compliance with this authorization and request to release.

I agree Full name: [Margaret H Dockery] Date: [05/23/2013]

By checking the 'I agree' box and entering my full name I recognize that this is equivalent to my le signature.

**Consumer Reporting Agency contact information**

Protect My Ministry  
 14499 N Dale Mabry Hwy, Ste 201 South  
 Tampa, FL 33618  
 Phone: 800-319-5581 Fax: 800-319-5582  
[www.protectmyministry.com](http://www.protectmyministry.com)

< Previous Submit >

Figure 2