

Pioneer Country Chrysalis

Safe Sanctuary Screening Kit

6 pages, including cover page

Safe Sanctuary Screening Process

For workers with children and/or youth in all settings of ministry related to
Pioneer Country Chrysalis

1. All adults who have responsibility for the safety and oversight of children and/or youth at conference or district events or in the local church (according to the local church policies and procedures) shall submit to a thorough screening process of Pioneer Country Chrysalis every four years.
2. Minors working as assistants to responsible adults shall submit to the same screening with the exception of the criminal background check. *A current background check, on file with your local church, will be excepted*
3. The Pioneer Country Chrysalis Safe Sanctuary Screening Process involves completion of a form that includes personal contact and background information, an applicant disclosure statement, a disclosure notice, and two references. From this information appropriate background checks (criminal background check, social trace, driving records, etc.) are run through a commercial service provider.
4. Personal evaluations of character and work habits are gleaned from reference letters and subsequent evaluation. The applicant is responsible for distributing Reference Forms (2 have been included).
5. Before taking responsibility with children and/or youth, applications will received orientation and training for the duties they are asked to undertake. Adequate supervision, support and feedback shall also be provided.
6. A Pioneer Country Chrysalis Board Member/Steering Committee Member/Designated person shall be responsible for verifying that every volunteer or paid staff person working with children and/or youth has completed the screening process prior to any unsupervised, direct contact with such individuals.
7. A Pioneer Country Chrysalis Board Member/Steering Committee Member shall have the final say on who can or cannot serve.
8. Confidentiality in this process is critical. For Pioneer Country Chrysalis applicants and references should return forms directly and promptly to address provided below.
9. Please do not turn any forms into the Weekend Lay Director.

Pioneer Country Chrysalis
P.O. Box 270342
Oklahoma City, OK 73137-0342

Safe Sanctuary Screening Form

For workers with children and/or youth

PIONEER COUNTRY CHRYSALIS

Please type or print clearly ALL pages!

Return completed form to:

Pioneer Country Chrysalis

P.O. Box 270342

Oklahoma City, OK 73137-0342

Gender: **M** or **F**
(circle one)

Screening for: **Employment** or **Volunteer**
(circle one)

Check here if you are under 18: ☐

Full legal name _____
LAST FIRST MIDDLE (MAIDEN)

Other names you have used (legal or nicknames) _____

Current home address _____ E-Mail _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____ (cell) _____

Previous address _____ Other addresses used in past three years:

Date of birth _____ Social Security Number _____

Driver's license number _____

Church affiliation _____ City _____

Answer these questions and attach another page with an explanation of any YES* answers.

1. Have you ever been charged, convicted of, or pled guilty to a **crime** (misdemeanor or felony) against children or other persons (including but not limited to drug-related charges, child abuse, other crimes of violence, theft or motor vehicle violations)? yes* no

2. Has your **driver's license** ever been revoked or suspended? yes* no

3. Has a **board** that licenses businesses or professions ever licensed you? yes* no

If "yes", what board or agency? _____

If "yes", has this license ever been revoked or suspended? yes* no

4. Have you ever habitually abused **alcohol** or **controlled substances**? yes* no

Signature _____ Date _____

Provide names and contact information for **TWO** references who have first-hand awareness of your work and can attest to your character (teachers, employers, classmates, pastors, etc.). **YOU** are responsible for distributing **Reference Forms** to each person.

1. Name _____ Phone _____ Relationship _____
 Address _____ City _____ Zip _____

2. Name _____ Phone _____ Relationship _____
 Address _____ City _____ Zip _____

Code of Conduct

In all meetings or other events under the sponsorship/guidance of Pioneer Country Chrysalis, I am a representative of the Christian Community and I am responsible for my actions. I understand the following guidelines will be followed.

1. I will not bring or use firearms, explosives, illegal drugs, alcoholic beverages or tobacco products because all are prohibited.
2. My conduct will be in keeping with the highest Christian regard for all people.
3. I will be expected to participate in all group activities and small group meetings.
4. I understand that sleeping at night is good for my health and alertness so I will be in my room in my bed as directed.
5. I will dress appropriately for my Christian witness.
6. I will not leave the Chrysalis site without permission.

READ, ACKNOWLEDGED AND AUTHORIZED:

 Signature Date

OSBI background checks must be completed and mailed by everyone, 18 years of age and older. *A current background check, on file with your local church, will be excepted.* Please send a copy to:
Pioneer Country Chrysalis, P.O. Box 270342, Oklahoma City, OK 73137-0342

READ, ACKNOWLEDGED AND AUTHORIZED:

 Signature Date

Please type or print clearly!**Safe Sanctuary Reference Form****PIONEER COUNTRY CHRYSALIS**

(Applicant is to distribute this form to persons identified as "References" in the Screening Form.)

Applicant's Name: _____ **City** _____

The above named individual has applied to work with children and/or youth in a Christian setting. Please honestly complete this form as it relates to this person's character and qualifications as you know them. **To maintain confidentiality return the completed form to:**

**Pioneer Country Chrysalis
P.O. Box 270342
Oklahoma City, OK 73137-0342**

How long have you known the applicant? _____ In what capacity? _____

Please rate this individual in the following areas: (*if you answer "**Do Not Know**", please comment or explain in the "**Do Not Know**" column. You may use the back of this page if you need more space.)

	Excellent	Good	Average	Poor	Do Not Know*
Personal habits	1	2	3	4	
Moral character	1	2	3	4	
Compassion	1	2	3	4	
Responsibility	1	2	3	4	
Emotional stability	1	2	3	4	
Christian maturity	1	2	3	4	
Openness to critique	1	2	3	4	
Teamwork ability	1	2	3	4	
Health	1	2	3	4	

Signature _____ Date _____

PLEASE PRINT: Evaluator's Name _____

City/State _____ Zip _____

Home phone _____ Work phone _____

YOUR IMMEDIATE RESPONSE IS GREATLY APPRECIATED!

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Christian maturity	1	2	3	4	
Openness to critique	1	2	3	4	
Teamwork ability	1	2	3	4	
Health	1	2	3	4	

Signature _____ Date _____

PLEASE PRINT: Evaluator's Name _____

City/State _____ Zip _____

Home phone _____ Work phone _____

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OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request

6600 North Harvey Place
Oklahoma City, OK 73116

(405) 848-6724

(405) 879-2503 FAX

http://www.ok.gov/osbi/Criminal_History/

Type Of Search Requested:

- ☐ Name Based - \$15.00
☐ Sex Offender - \$2.00
☐ Mary Rippy Violent Offender - \$2.00
☐ State Fingerprint-based - \$19.00
* Must provide fingerprint card.
* Includes name based search.

DATE _____

Request Submitted via:

☐ Fax ☐ Mail ☐ In Person

Requests will be returned in the manner received.

Mail requests should include postage-paid reply envelope.

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search:

()

ACCEPTABLE FORMS OF PAYMENT: ☐ CASH ☐ CASHIER'S CHECK / MONEY ORDER

☐ BUSINESS CHECK *No Personal Checks Accepted.* ☐ CREDIT CARD *For Visa, MasterCard and Discover, security code is 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ E-MAIL ADDRESS _____

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections done with white out or by striking through the fields in this section will not be processed.

NAME _____ LAST _____ FIRST _____ MIDDLE _____

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.

OSBI CHRU 08/09