

Pioneer Country Chrysalis

Safe Sanctuary Screening Kit

SAFE SANCTUARY CHECKLIST:

- Fill out & turn in to Safe Sanctuary Rep:
- Screening Form ○ Code of Conduct ○
Two Reference forms distributed
 - References advised to get forms to Safe Sanctuary Rep
- Completed Online Background Check, **OR**
Completed OSBI form to Safe Sanctuary Rep, **OR** Safe
Sanctuary info from home church to Safe Sanctuary Rep

NOTE: If time constraints prevent mailing, then contact the Lay Director, Spiritual Director, or Community Lay Director for instructions. All forms must be hand signed (no digital signatures).

Safe Sanctuary Screening Process

For workers with children, youth, or vulnerable adults in all settings of ministry related to Pioneer Country Chrysalis. Pioneer Country Chrysalis (PCC) is a subcommittee of the Pioneer Country Emmaus (PCE) Board.

1. All adults who have responsibility for the safety and oversight of children, youth, or vulnerable adults during PCC events must have an approved Safe Sanctuary packet on file with the PCE Board. The only exceptions are those present for Sendoff, Candlelight, and Closing.
2. Safe Sanctuary packets for PCC are valid for 2 years from the date of the background check, and must not expire prior to the end of any event during which an adult representative of PCE/PCC is participating. Any adult who has a current Safe Sanctuary on file with a church may provide a signed original letter from his/her church stating that the Safe Sanctuary is valid, as well as a copy of the background check that is on file with the church.
3. Minors who are participating as assistants to responsible adults shall submit to the same screening with the exception of the criminal background check.
4. The PCC Safe Sanctuary Screening Process involves completion of a form that includes personal contact and background information, a disclosure notice and statement, and two references. An appropriate background check will be conducted through a commercial provider.
5. 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).
6. Before taking responsibility with children, youth, or vulnerable adults, applications will receive orientation and training for the duties they are asked to undertake. Adequate supervision, support and feedback shall also be provided.
7. A PCE Board Member or designated person will ensure all adults cleared to volunteer at PCC events has an approved Safe Sanctuary packet on file.
8. The PCE Board is the final approval authority for all Safe Sanctuary Applicants.
9. Only the minimal PCE board members or representatives will have access to Safe Sanctuary packets, and they will take reasonable steps to protect each applicant's personal information.
10. Mail forms to (if time will not permit, then contact the Community Lay Director or Safe Sanctuary Rep listed on the Pioneer Country Emmaus page under CONTACT US.

Pioneer Country Emmaus
PO Box 271082
Oklahoma City, OK 73137-1082

Safe Sanctuary Screening Form (Must be filled out by all participants, regardless of age)

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

Full Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

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 the attached Reference Forms to these two people:

1. Name _____ Phone _____ Relationship _____

Address _____ City _____ Zip _____

2. Name _____ Phone _____ Relationship _____

Address _____ City _____ Zip _____

Code of Conduct

(Must be filled out by all participants, regardless of age)

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 and agree to follow the following guidelines:

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 the dignity and respect of all people.
3. I am 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. Clothes appropriate for work or school will suffice.
6. I am responsible to immediately report any suspected unlawful activity to the Lay Director or Spiritual Director (Conference Room) or Community Lay Director or Spiritual Director (Outside of Conference Room).
7. I am responsible to report any person whose Safe Sanctuary status may be uncertain to the Lay Director or Spiritual Director (Conference Room) or Community Lay Director or Spiritual Director (Outside of Conference Room).

I have read and understood the Code of Conduct listed above, and I agree to abide by the Code of Conduct at all times during all Chrysalis events:

Signature Date

Printed Name:

Pioneer Country Emmaus traditionally uses online background checks. You will receive an email with a link to complete your background check.

If you choose to use OSBI for your background check, or a background check on file with your home church, then please have OSBI complete the attached form and provide it to the Pioneer Country Emmaus Safe Sanctuary Rep.

Please send a copy to:
Pioneer Country Emmaus
P.O. Box 271082
Oklahoma City, OK 73137-1082

Safe Sanctuary Reference Form

(Must be filled out by all participants, regardless of age)

PIONEER COUNTRY CHRYSALIS

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

Applicant's Name: _____

The above-named individual has applied to work with children, youth, or vulnerable adults 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 Emmaus
P.O. Box 271082
Oklahoma City, OK 73137-1082

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	Unknown*
Personal Habits					
Moral Character					
Compassion					
Responsibility					
Emotional Stability					
Christian Maturity					
Openness to Critique					
Teamwork					
Health					

Signature _____ Date _____

PLEASE PRINT:

Evaluator's Name _____

Home phone _____ Work phone _____ Cell Phone _____

YOUR IMMEDIATE RESPONSE IS GREATLY APPRECIATED!

Safe Sanctuary Reference Form

(Must be filled out by all participants, regardless of age)

PIONEER COUNTRY CHRYSALIS

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

Applicant's Name: _____

The above-named individual has applied to work with children, youth, or vulnerable adults 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 Emmaus
P.O. Box 271082
Oklahoma City, OK 73137-1082

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	Unknown*
Personal Habits					
Moral Character					
Compassion					
Responsibility					
Emotional Stability					
Christian Maturity					
Openness to Critique					
Teamwork					
Health					

Signature _____ Date _____

PLEASE PRINT:

Evaluator's Name _____

Home phone _____ Work phone _____ Cell Phone _____

YOUR IMMEDIATE RESPONSE IS GREATLY APPRECIATED!

Background checks are usually conducted online using an online agency. Use the form on the next page ONLY if you choose to get a background check through OSBI instead.

If you choose to do an OSBI check instead, return the completed form to the Pioneer Country Emmaus Safe Sanctuary Rep.

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.