

Volunteer :

Keep pages 1-2

Return pages 3-5  
and Form SSA-89

The Executive Committee  
of the Baptist Convention of the State of Georgia  
**CHILD PROTECTION POLICY AND AGREEMENT FORM**

## I. GBC CHILD PROTECTION POLICY

- A. The Georgia Baptist Convention (GBC) is committed to protecting preschoolers, children and youth from sexual, emotional and physical abuse. The Georgia Baptist Convention has a **Zero-Tolerance Policy** prohibiting any act of sexual, emotional, or physical abuse. The zero-tolerance policy requires of **all Georgia Baptist Convention employees** and **“direct volunteers”** the immediate reporting to the GBC child protection designee, the Department Specialist, of any occurrence or suspected occurrence.
- B. Any **paid employee** or **“direct volunteer”** (see definition) who works with children (age 17 or under) will be given the definition of child abuse in writing, as well as the **policy on reporting child abuse**. **All paid employees** and **“direct volunteers”** are required to view child abuse prevention video(s) and read the written materials available on the subject to help a worker gain an appreciation for the reality of the concern. The definition and training should help workers identify child abuse in the future if they see signs of it.
- C. The Georgia Baptist Convention practices the **“two adult” rule**, which requires a reasonable number of adult workers to be maintained in each situation involving the supervision of children and youth, but with a minimum of two workers (that are not married to each other or members of the same family) at all times. A married couple or two family members account for only “one” in the “two adult” rule.
- D. The **GBC event/ministry leaders supervise** on an ongoing basis and make unannounced visits into classes or other sites from time to time.
- E. **All paid employees** and **“direct volunteers”** should have an application on file that includes a legal release statement allowing the GBC to conduct criminal background checks. The application includes questions pertaining to working with children and/or youth. The application may include personal interviews, current address information, former churches, references, and general experience in working with children and/or youth.
- F. A **criminal background check** will be conducted on **all paid employees** and all **“direct volunteers”** having a Georgia Baptist Convention planned assignment with children and/or youth.
- G. An **identification system** will be utilized during GBC events/ministries so that when adults drop off a child they are the same adults or the adult’s designee who picks up the child.
- H. Churches, organizations and/or individuals who utilize GBC facilities or attend GBC sponsored events for children and/or youth must certify that a child protection policy is in place and is being enforced.

## II. DEFINITIONS

### A. Defining Child Abuse

- ❖ **Emotional Abuse:** Occurs when a child’s emotional and mental health are not being met
- ❖ **Neglect:** Occurs when a child’s needs for food, shelter, clothing, or supervision have not been met
- ❖ **Physical Abuse:** Occurs when someone inflicts visible or invisible bodily harm
- ❖ **Sexual Abuse:** Involves direct or indirect sexual acts or behavior

### B. Identifying Physical and Behavioral Indicators of Abuse/Neglect

**Disclaimer:** *These indicators are not exhaustive and do not verify actual abuse; however, when observed, they may warrant further investigation. If these indicators are detected, see reporting procedure.*

- ❖ Wary of others
- ❖ Clingy (clinging) to others
- ❖ Uncomfortable with emotions (crying)
- ❖ Emotionally detached
- ❖ Extreme changes in behavior when not around parents
- ❖ Manipulative or controlling/Poor image of self
- ❖ Delinquent behavior
- ❖ Self-mutilation, drug, and alcohol abuse
- ❖ Bruises, welts, burns, bite marks, bed wetting, fractures
- ❖ Reluctant to change clothes in front of others
- ❖ Questionable sexual behavior, knowledge beyond the particular developmental age
- ❖ Promiscuous
- ❖ Withdrawn, distant
- ❖ Self-conscious
- ❖ Obsessively clean
- ❖ Extreme compliance or defiant
- ❖ Anxious
- ❖ Fearful
- ❖ Pain or itching in genital area
- ❖ Injury to genital area

C. GBC Definitions

- ❖ **Direct volunteer:** One who is specifically enlisted and serves ministries supported by the Georgia Baptist Convention
- ❖ **Indirect volunteer:** One who is enlisted by his/her church or others that attend Georgia Baptist Convention events or use Georgia Baptist Convention facilities

### III. REPORTING PROTOCOL

- A. Any suspicion or allegation of abuse and/or neglect of a child by a staff member, family member or any individuals shall be confidentially reported to the Georgia Baptist Convention child protection designee (department specialist) immediately. Do not treat any suspicion or accusation as frivolous. When reporting, use the protocol flowchart provided by the GBC child protection designee.
- B. The decisions regarding further assessment of any danger, seeking consultation, notification of parents/custody holders, and any further necessary services will be based on the decision of the Georgia Baptist Convention child protection designee (department specialist) following consultation with the office of the Vice President for Ministries.

### IV. MEDIA COMMUNICATION

The Communications Office Specialist of the Georgia Baptist Convention should handle all press communications related to sexual molestation. All questions and inquiries should be referred to this individual.

### V. APPLICATION

**To fulfill this policy, the application form needs to be completed. Please answer or acknowledge every question. A résumé may be attached but cannot be used as a substitute for completion of the application.**

**AGREEMENT APPLICATION AND SIGNATURE**

**I have read this GBC Child Protection Policy document, and understand Sections I, II, and III. I agree to abide by the policy and procedures as detailed in this document.**

*(Please use blue or black ink only)*

Please print your full name: \_\_\_\_\_  
**LAST FIRST MIDDLE**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Print Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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Volunteer Position/Assignment: \_\_\_\_\_ Date of Assignment \_\_\_\_\_

Ministry Department: \_\_\_\_\_

Event/Ministry Title: \_\_\_\_\_

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Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

How long at current address? Years \_\_\_\_\_ Months \_\_\_\_\_

**If less than 1 year at current residence, please provide previous address:**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of License: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(XX/XX/XXXX)

**For International Students ONLY:** \_\_\_\_\_  
**(If no Social Security Card) (Passport/Visa #) (Country of Origin)**

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**Department Name** \_\_\_\_\_

**Department Signature** \_\_\_\_\_

Is there any reason, including those that are physically, mentally or emotionally related, that might keep you from effectively working with children or that might cause a child potential harm?

\_\_\_ **Yes** \_\_\_ **No** If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused participation in any child or youth program? \_\_\_ **Yes** \_\_\_ **No**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with, arrested, indicted for, or plead guilty to a crime? \_\_\_ **Yes** \_\_\_ **No**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### REFERENCES

List the names and telephone numbers of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you. Please PRINT all responses.

	<b>Name</b>	<b>Relationship</b>	<b>Telephone</b>	<b>Years Known</b>
1)	_____	_____	(____) _____	_____
2)	_____	_____	(____) _____	_____
3)	_____	_____	(____) _____	_____

### GBC USE ONLY—REFERENCE RESPONSES

1)	_____
	_____
	_____
	_____
2)	_____
	_____
	_____
	_____
3)	_____
	_____
	_____
	_____

# RELEASE AUTHORIZATION – VOLUNTEER

## APPLICANT COMPLETE THE FOLLOWING

- I. In connection with my **volunteer application**, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by Convention policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If Convention policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if my request to volunteer is denied because of information obtained from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **The Executive Committee of the Baptist Convention of the State of Georgia** or its agent, to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release **The Executive Committee of the Baptist Convention of the State of Georgia** and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

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Please print your full name                      LAST    FIRST    MIDDLE

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Please print other names you have used

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Home Address

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City    State    Zip Code

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Social Security Number    Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex:    \_\_\_ Male                      \_\_\_ Female  
Race:   \_\_\_ Asian                      \_\_\_ Black                      \_\_\_ Hispanic                      \_\_\_ White                      \_\_\_ Other

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Drivers License Number    State Issuing License

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Name as it appears on license

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Signature    Today's Date

**ORDER #:** \_\_\_\_\_

Form SSA-89

Social Security Administration

Form Approved  
OMB No.0960-0760

**Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:

**GBC VOLUNTEER**

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service       Banking Service  
 Background Check       License Requirement  
 Credit Check       Other

with the following company ("the Company"):

Company Name: **Georgia Baptist Convention**

Company Address: **6405 Sugarloaf Parkway, Duluth, GA 30097**

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose identified.

The name and address of the Company's Agent is:

**ADP Screening and Selection Services, Inc.**

**301 Remington St., Fort Collins, CO 80524      Phone: (800) 367-5933**

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for \_\_\_\_\_ days from the date signed. \_\_\_\_\_ (Please initial.)

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

Relationship (if not the individual to whom the SSN was issued): \_\_\_\_\_

**Contact information of individual signing authorization:**

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Form SSA-89 (06-2013)

Revised 6/13

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**Privacy Act Statement**

SSA is authorized to collect the information on this form under Sections 205 and 1106 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send to this address only comments relating to our time estimate, not the completed form.***

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**TEAR OFF**

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**NOTICE TO NUMBER HOLDER**

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>