

SCREENING PROCEDURES CHECKLIST

For Office Use Only

All Staff and Volunteers

This completed checklist ensures that the procedures of the Child Protection Policy have been followed. It will be used to transfer screening clearance information between offices of CEF® without duplicating the process. It also allows the confidentiality of the screening information to be maintained.

NOTE: If using an online service, contact usa@cefonline.com for a form designed for that use.

Full Name: _____

Check and complete each one that applies:

Record the date and initials of authorized personnel certifying completion of this part of the screening procedure.

ALL PERSONS – VOLUNTEER OR STAFF:

ORIGINAL SCREENING 5-YEAR RESCREENING

Month/Day/Year	Initials	Month/Day/Year	Initials	Confidential Screening Form completed
Month/Day/Year	Initials	Month/Day/Year	Initials	Background/Reference Check Authorization completed
Month/Day/Year	Initials	Month/Day/Year	Initials	<i>Protecting Today's Child</i> Presentation viewed or listened to
Month/Day/Year	Initials	Month/Day/Year	Initials	Child Protection Policy read
Month/Day/Year	Initials	Month/Day/Year	Initials	Worker's Compliance Agreement completed
Month/Day/Year	Initials	NA		Face to face Interview and ID check completed

PERSON IS 18 OR OLDER:

Month/Day/Year	Initials	Month/Day/Year	Initials	Criminal Background/Reference Check conducted
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PERSON IS AGE 14-17:

Month/Day/Year	Initials	NA		Personal and church references investigated
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PERSON IS STAFF:

Month/Day/Year	Initials	NA		Personal and church references investigated
Month/Day/Year	Initials	NA		State criminal record check on all addresses in past five years completed

PERSON IS CAMP OR OVERNIGHT VOLUNTEER:

Month/Day/Year	Initials	NA		Personal and church references investigated
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Original records held by CEF of _____ State _____
Chapter name

For Transfer of Information Within CEF Only

Has this person been active with CEF within a year? Undefined
(If inactive within the last year, person must be rescreened.)

To the best of my knowledge the above screening information is correct.

Signature _____ Date _____



Interview Questions and ID Check for All Workers

(This must be completed in a face to face interview.)

1. Why are you interested in being involved in this capacity?

2. Share with me any previous experience you have had in working with children.

3. Describe any painful life experiences you had as a child/minor which may hinder you from a productive ministry with children.

(Please Print)
Interviewee's Name _____

Interviewer's Name _____ Date _____

Interviewer's Position in CEF _____

<input type="checkbox"/> Identity confirmed with government issued photographic identification.	
Signature of witness to photographic identification 	(Print name) Date

Telephone Reference Check

Applicant _____ Applicant's Phone _____

Calling Script

Hello. My name is _____ and I am the *Child Evangelism Fellowship* worker in _____ (this area, chapter name, etc). _____. (Person) has given me your name as a reference. She/He desires to work with children in our organization as _____ (position) _____.

- Is there anything that would call into question _____ (person's) _____ being entrusted with the supervision, guidance and care of children or young people? If yes, please explain.
- Do you know if _____ (person) _____ has ever been accused or convicted of child abuse?

(Write a brief summary of person's answers to questions above; sign and date the making of this call.)

Reference #1: Name _____ Phone # _____

Signature _____ Date _____

Reference #2: Name _____ Phone # _____

Signature _____ Date _____

Reference #3: Name _____ Phone # _____

Signature _____ Date _____

Reference #4: Name _____ Phone # _____

Signature _____ Date _____

Permission to Transfer Screening Information

I hereby authorize *Child Evangelism Fellowship*® to transfer a copy of the following screening materials:

- Confidential Screening Form
- Criminal Background Check
- Reference Information

to: Name _____

Address _____

City/State/Zip _____

I hereby release *Child Evangelism Fellowship* of all liability for the materials which I am authorizing to be transferred.

Please print name: _____

Signature of Volunteer/Applicant/Employee

Date



NOTE: The current version of this form is available at cefonline.com/r-forms.

CEF USA WORKER - ALLEGED CHILD ABUSE REPORT

(For use only when CEF volunteer or staff is suspected. See PTC manual. Reporting Suspected Child Abuse)

A PERSON GIVING REPORT	NAME/TITLE			
	CHAPTER/ADDRESS			
	CITY	STATE	ZIP CODE	
	PHONE ()	HOME PHONE ()		
	DATE OF REPORT	TIME		
B VICTIM	NAME			
	ADDRESS	PHONE NUMBER ()		
	CITY	STATE	ZIP CODE	
	DATE OF BIRTH	SEX		
C PARENTS	NAME			
	ADDRESS			
	CITY	STATE	ZIP CODE	
	HOME PHONE ()	BUSINESS PHONE ()		
	HOME PHONE ()	BUSINESS PHONE ()		
D INCIDENT INFORMATION	(PLEASE BE SPECIFIC; USE EXTRA PAPER IF NEEDED.)			
	DATE OF INCIDENT	TIME OF INCIDENT		
	PLACE OF INCIDENT			
	NAME OF ACCUSED			
	ADDRESS	PHONE NUMBER ()		
	CITY	STATE	ZIP CODE	
	POSITION IN ORGANIZATION			
	TYPE OF ABUSE: (CHECK ONE OR MORE)	PHYSICAL <input type="checkbox"/>	SEXUAL <input type="checkbox"/>	OTHER <input type="checkbox"/>
	NARRATIVE DESCRIPTION:			
E OTHERS	PEOPLE PRESENTLY NOTIFIED OR AWARE OF INCIDENT: (CHECK ONE OR MORE)			
	PARENTS <input type="checkbox"/>	STATE AGENCY <input type="checkbox"/>	ATTORNEY <input type="checkbox"/>	OTHERS <input type="checkbox"/>
	WHO ARE THE OTHERS NOTIFIED OR AWARE OF INCIDENT?			
F	REPORT TAKEN BY (please print)			
	PHONE ()	SIGNATURE		
	CONTACT CEF-USA CHILD PROTECTION PERSONNEL IMMEDIATELY AT 636-456-4321, ext. 5510			