

# Child Safety Policy



**Orchard**  
community church

## Children's Ministries Mission Statement

We are a community that is committed to providing a safe and loving environment that:

- Plant the seed of faith in Jesus;
- Challenge and grow a child's faith;
- Let children know that they are a part of the church body and that Orchard Community Church is their church as well;
- Walk alongside the parents, giving them the tools they need to be the primary spiritual nurturers in their child's life;
- Instill the value of going to church weekly;
- Develop relationships between their peers.

## Orchard Community Church Mission Statement

Orchard Community Church is a community passionate about knowing Jesus Christ, enthusiastic about sharing His love and committed to spreading His good news.

## INTRODUCTION

The Session of Orchard Community Church adopts this Children's Safety Policy as a positive and proactive statement of our concern for children and volunteers. We offer these clearly defined safeguards, policies and procedures for the safety and protection of all concerned. Orchard Community Church's policy is God embraces children with love, placing their nurture and care in our hands. We believe that children should be safe from all forms of harm, abuse or neglect.

We understand that we are of the Kingdom of God, but also called to be "in" this world, reaching out to those who need Christ and are seeking to experience Christian community for themselves and for their children. We must be alert to legal and moral implications and the realities of the world around us.

We desire to protect and support both those who are paid and those who volunteer to work with our children. These policies to prevent child abuse, neglect or any unfounded allegations against workers or leaders are in four major areas:

1. Worker selection
2. Worker practices
3. Reporting obligations
4. Response to allegations

We hope that this plan is received with understanding and grace toward all who are involved with Children's Ministries. We are promoting a plan founded on responsibility and love. This policy will provide us with a greater sense of confidence and peace.

## SELECTING CHILDREN'S WORKERS

### Orchard Community Church

We require applications for all children's workers according to the following:

1. All paid employees, full or part time, including clergy, must complete an "Application for Children's Work" (see pages 7 and 8).
2. All Children's Volunteers, whether working with children on a weekly or occasional basis, must complete an "Application for Children's Work" (see pages 7 and 8).
3. A personal interview will be included as part of the selection process for all children's workers. For paid employees, the applicant will be interviewed by any two of the following: Pastor, Discipleship Elders or Personnel, or their designated representatives. For volunteers, the applicant will be interviewed by the Children's Ministries Director, the Discipleship Elders or their designated representative.
4. For paid staff, the Elder should check, where circumstances merit, with the personal references listed in the application to further determine the suitability and character of the applicant. The references check shall be documented by completing the "Reference Contact Form" (see pages 10 and 11).
5. Volunteers working with children must be members of Orchard Community Church or individuals who have been attending Orchard Community Church for at least six months' time. Exceptions to this policy are strongly discouraged and must receive the approval of both the Discipleship Elders and the Pastor. If such approval is given, it shall be documented on the "Application for Children's Work" (see pages 7 and 8) by stating the reason for the exception along with the signatures of the Pastor and Elder.
6. All paid employees working with children must be fingerprinted to assure there is no record of child abuse or any sexual misconduct. The Elder for Personnel is responsible for checking paid staff.
7. All volunteers will be checked, prior to their working with children and once a year thereafter, through the Megan's Law program to determine if there is any record of sexual molestation convictions. A "Megan's Law Verification Form" (see page 11) must be completed for each check made and kept on file in the Children's Ministries Office for volunteers. The Children's Ministries Director(s) or the Elder for Children's Ministries is responsible for checking volunteers.

## SAFETY POLICY FOR CHILDREN'S MINISTRIES

### Orchard Community Church

All paid staff and all volunteers in Children's Ministries or programs are subject to the supervision and evaluation of the Discipleship Elders and/or the Children's Ministries Director(s). All paid staff and all volunteers are required to comply with these policies to ensure a safe and secure environment for children.

1. Each group of children must have at least two workers present at all times with at least one worker being an adult. One benefit is that there is a second worker for support in case of emergency. It is a good rule not to be alone with a child.
2. For infants through 2 years old, the desirable ratio is one worker for each 3 children. For children, 3 years old through kindergarten age, the desirable ratio is one worker for each five children. For grades one through five, the desirable ratio is one worker for each eight children.
3. For their protection against false accusation, male workers must not be alone with children, must not supervise children in the restroom and must not change diapers in the nursery.
4. Window blinds are to be kept open at all times and a supervisor or designated adult representative will circulate where children's activities are occurring.
5. When taking children to the restroom, the worker should stay out of the restroom until the child is finished. Children need as much privacy as possible when using restrooms, workers entering to assist only when necessary.
6. All activities or outings need to be pre-approved by the Elder for Children's Ministries. A "Children's Activity Approval Form" (see page 15) needs to be submitted and approved. A parent permission slip for each child needs to be completed before all off-campus activities or outings.
7. All drivers transporting children on out of town activities shall be a minimum age of twenty-five and a maximum age of sixty-five and will complete and have approved a "Driver Form" (see page 16).
8. Drivers are to have two or more children in the car when transporting children to and from activities. The only exception would be when the driver is transporting his or her own children.
9. This policy will be reviewed annually during training sessions with children's workers.
10. Children from the ages of nursery to second grade must be picked up by their parent(s) or guardian, unless prior arrangements have been made with the Children's Ministries Director.

## REPORTING OBLIGATION AND PROCEDURE

### Orchard Community Church

Because we are all a part of the family of God we need to walk alongside all parties involved: the child, the family and the alleged abuser.

The California Child Abuse and Neglect Reporting Act (the Act) requires that any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment who he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child abuse" means any of the following: 1) A child is physically injured by other than accidental means, 2) A child is subjected to willful cruelty or unjustifiable punishment, 3) A child is abused or exploited sexually, or 4) A child is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision. It is never permissible or acceptable.

"Child" means a person under the age of eighteen years.

When should child abuse be reported?

Whenever someone knows, observes or reasonably suspects that child abuse has occurred, it needs to be reported. Child Abuse continues when it goes unnoticed or unreported.

Who should report child abuse?

The Child Abuse and Neglect Act establishes a category of "Mandatory Reporters". The Act relates to Orchard Community Church in several ways. All paid people, both clergy and lay, working with youth or children would be defined as mandatory reporters. All volunteers with a responsibility for supervising a Youth or Children's program are mandatory reporters. Church school volunteers are not mandated reporters, but are encouraged to report any suspected abuse to the Children's Ministries Director, elder, or pastor.

Since revealing this information by the child may be traumatic for the child, the child should not be asked to repeat the information to others except as required when the Public Social Services Agency or the Police Department is working with the child. Orchard Community Church's Policy is that the that observes or hears of child abuse from a child will be the one making the report jointly with the Director of Children's Ministries, elder for children's ministries, and/or pastor.

Reporting Obligation and Procedure (con't)  
Orchard Community Church

The Director of Children's Ministries, elder of children's ministries, and/or Pastor should be notified immediately of the need to file a report, unless the incident involves the Pastor. In that case the Elder for Personnel or the Executive Presbyter of the Santa Barbara Presbytery, [(805) 583-1548], should be notified.

The Act provides that reporters of suspected child abuse are protected from civil or criminal liability as a result of any report unless it can be proven that a false report was made and the person knew it was false. The identity of all persons who report child abuse shall be confidential.

How is a report to be made?

The Act requires that a telephone report be made to the Child Protection Agency immediately or as soon as practical and followed up with a written report within 36 hours of receiving the information concerning the incident.

Telephone Report: In Ventura County for familial abuse, the Child Protection Agency is the County Public Social Services Agency (PSSA), Children's Services Division. The telephone report should be made by calling (805) 654-3200. This is a 24 hour per day, seven day a week number.

For non-familial abuse, the report should be made to the Ventura Police Department by calling the Desk Officer at (805) 339-4425.

If the reported abuse occurred outside of the City of Ventura the report needs to be made to the agencies where the alleged abuse occurred.

The following information will need to be provided:

1. the name of person making the report
2. the name of the child
3. the present location of the child
4. the nature and extent of the injury
5. any other information, including information that led that person to suspect child abuse, requested by the Child Protective Agency.

Depending upon the circumstances (e.g. If the child would be in danger if released to its parents), the child may need to be detained until a Police Officer arrives.

Written Report: The written report needs to be made on form SS 8572 entitled "Suspected Child Abuse Report". A copy of the report form is included in this document on page 17. The instructions are available in the Director of Children's Ministries office.

The written report should be forwarded to either PSSA or the Police Department depending upon which agency received the telephone report at the following addresses:

Children's Services Division  
Public Social Services Agency  
4651 Telephone Road, Suite 201  
Ventura CA 93003  
or;  
Ventura Police Department  
1425 Dowell Drive  
Ventura CA 93003

## RESPONSE TO AN ALLEGATION

### Orchard Community Church

Orchard's policies have emphasized the necessity of prevention. While we like to think that these policies will prevent child abuse, that may not be the case. This response plan is to help deal with that possibility.

We can become aware of an allegation from several sources: a report from one of our volunteers or employees, a report from a parent or guardian, or from a Child Protection Agency either County PSSA Childrens Services or the Law Enforcement Agency where the alleged abuse occurred.

All allegations shall be taken seriously. Situations need to be handled forthrightly with due respect for people's privacy and confidentiality. Full cooperation is to be given to civil authorities conducting any investigation.

The Pastor is the spokesperson for Orchard Community Church. The Pastor will speak to the media and the congregation regarding the matter in a discreet, informed and diplomatic way. When the Pastor is not available the Associate Pastor or an Elder designated by the session will be spokesperson in that order.

If an allegation of child abuse occurs, these guidelines will be followed:

1. If a report has not been filed, follow the reporting procedures previously outlined in this document. It is crucial that the written report is filed within 36 hours.
2. Document all efforts at handling this incident.
3. Report the incident to Orchard's insurance carrier. The insurance company may name an attorney to provide professional assistance. If not, counsel for Orchard should be consulted. Do not try to handle this without professional outside assistance.
4. After a report is made the investigation should be left to professionals who have experience with these types of cases.
5. The Pastor will notify the parents or guardians, if they are not the accused.
6. Do not confront the accused until the safety of the child is secured.
7. Do not prejudge the situation, but take the allegations seriously and reach out to the victim and the victim's family. Showing care and support help to prevent further hurt. Extend whatever pastoral resources are needed. Remember the care and safety of the alleged victim is the first priority.
8. Treat the accused with dignity and support. If the accused is a church worker, as a precautionary measure, that person will be relieved temporarily of his or her duties until the investigation is completed. If the accused is a paid employee, the session will determine to either maintain or suspend his or her income until the allegations are cleared or substantiated.
9. Be careful to safeguard the privacy and confidentiality of all involved.
10. If any information needs to go to the congregation, it will be provided only by the Pastor.
11. Consider offering workshops to members of the congregation, by counseling professionals from outside the church. When the issue becomes public, invite members of the public to the same workshops.

ORCHARD COMMUNITY CHURCH  
8180 Telephone Road, Ventura CA 93004 (805) 647-3757

### APPLICATION FOR CHILDREN'S WORK

Orchard has a plan founded on respect and love for our youth and children which gives us a sense of confidence and peace. This application is being used to evaluate applicants and to ensure a safe and secure environment for our youth and children who participate in our programs. This application is to be completed by all applicants for any position whether a volunteer or compensated who work with youth or children.

Name \_\_\_\_\_

Address \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Children? Name & Ages> \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of employment \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Can you receive calls at work? ( ) yes ( ) no.

Are you currently a member of Orchard? ( ) yes ( ) no If so how long? \_\_\_\_\_

Please list other churches and locations where you have regularly attended over the last 3 years.

Are you currently under a charge or have you ever been convicted of or plead guilty to child abuse or a crime involving actual or attempted sexual misconduct or sexual molestation of a minor? ( ) yes ( ) no. If yes, please explain:

Do you have a current drivers license? ( ) yes ( ) no.

Please list drivers license number \_\_\_\_\_ and expiration date. \_\_\_\_\_

Have you ever had your driver's license suspended or revoked? ( ) yes ( ) no.

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

Is there any other information we should know? \_\_\_\_\_

## CHURCH ACTIVITY

1. Testimony: Who is Jesus Christ to you? Where are you in your Christian walk?

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2. Experience:

a. What volunteer or career experience with children have you had in the church or the community?

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b. List any gifts, calling, training, education or other factors that have prepared you for children's work

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3. Preference: In what capacity and with what age group would you like to minister?

First choice \_\_\_\_\_

Second choice \_\_\_\_\_.

4. Concerns: What causes you the greatest feelings of apprehension as you contemplate this work?

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## PERSONAL REFERENCES

(Not a former employer or relative)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

## APPLICANT'S STATEMENT

The information contained in this application is true and correct to the best of my knowledge. I authorize any of the above references or churches to give you any information that they may have regarding my character and fitness to work with children.

I hereby certify that I have read and understand the Orchard Community Church Child Safety Policy. I further understand that I am encouraged to report any suspected child abuse to the Pastor, and/or Elder for Children's Ministries immediately.

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

## INSTRUCTIONS FOR CHECKING REFERENCES

### General:

When making reference contacts, please indicate to the reference that they have been listed as a personal reference on the applicant's application. If there is any hesitancy on the part of the reference, read the authorization that the applicant signed at the bottom of the application.

Please note that this is confidential information and is not to be an item of discussion other than for the selection procedure.

List the date, time and method of the contact.

This is the most important information on the form. Summarize the results of the contact. The ultimate question is whether or not the applicant is suitable for work with children. The person contacting the reference should ask this question and summarize the response on this form. If the reference refuses to comment, be sure to note that on the form.

Please be sure that your name and signature are legible.

Please return completed form to the church office to be placed in the applicant's personnel file.

ORCHARD COMMUNITY CHURCH  
8180 Telephone Road, Ventura CA 93004 (805) 647-3757

REFERENCE CONTACT FORM - CONFIDENTIAL

Name of applicant \_\_\_\_\_

Position \_\_\_\_\_

Reference or church contacted

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

- Method of contact ( ) telephone  
( ) letter  
( ) personal conversation

Summary of conversation (Summarize remarks concerning the applicant's fitness and suitability for youth or children's work.)

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Person making contact:

Please print \_\_\_\_\_

Legible Signature \_\_\_\_\_

Date \_\_\_\_\_

Orchard Community Church  
8180 Telephone Road  
Ventura, CA 93004  
(805) 647-3757

## MEGAN'S LAW VERIFICATION FORM

Name of volunteer: \_\_\_\_\_

The above-named individual has been checked against the records of the Ventura County Sheriff's Department "Megan's Law" listing, and has been found not to be a convicted sex offender. It is the policy of Orchard Community Church to check all people who volunteer with children or youth, annually, in this manner.

Check performed by: \_\_\_\_\_

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

# SUSPECTED CHILD ABUSE REPORT

To Be Completed by Reporting Party  
Pursuant to Penal Code Section 11166

|              |                                                         |
|--------------|---------------------------------------------------------|
| UJ,Z<br><I-- | TO BE COMPLETED BY INVOLVING CPA<br>VICTIM NAME _____   |
| .CO<br><-U:  | offi REPORT NO/CASE NAME _____<br>DATE OF REPORT: _____ |

| Oa:<br>O<br>LJQ:<br>a:<br>ai                                                       | NAME/TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
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|                                                                                    | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| O<br>O<br>L<br>LJZ<br>a:<br>W<br>cj(IJ)                                            | PHONE ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RATE OF REPORT                                     |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
|                                                                                    | [SIGNATURE]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| O<br>O<br>L<br>LJZ<br>a:<br>W<br>cj(IJ)                                            | <input type="radio"/> POLICE DEPARTMENT <input type="radio"/> SHERIFF'S OFFICE <input type="radio"/> COUNTY WELFARE <input type="radio"/> COUNTY PROBATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
|                                                                                    | AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ADDRESS                                            |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
|                                                                                    | OFFICIAL CONTACTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE ( ) [DATE/TIME]                              |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| O<br>O<br>L<br>LJZ<br>a:<br>W<br>cj(IJ)                                            | NAME (LAST, FIRST, MIDDLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADDRESS                                            |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
|                                                                                    | PRESENT LOCATION OF CHILD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BIRTHDATE <input checked="" type="checkbox"/> X CE |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
|                                                                                    | <table border="1"> <thead> <tr> <th>NAME</th> <th>BIRTHDATE</th> <th>SEX</th> <th>RACE</th> <th>NAME</th> <th>BIRTHDATE</th> <th>SEX</th> <th>RACE</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>4. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>5. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>6. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> |                                                    | NAME                                                                      | BIRTHDATE | SEX   | RACE      | NAME  | BIRTHDATE | SEX | RACE | 1. _____ | _____ | _____ | _____ | 4. _____ | _____ | _____ | _____ | 2. _____ | _____ | _____ | _____ | 5. _____ | _____ | _____ | _____ | 3. _____ | _____ | _____ | _____ | 6. _____ | _____ | _____ | _____ |
|                                                                                    | NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BIRTHDATE                                          | SEX                                                                       | RACE      | NAME  | BIRTHDATE | SEX   | RACE      |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 1. _____                                                                           | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                              | _____                                                                     | 4. _____  | _____ | _____     | _____ |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 2. _____                                                                           | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                              | _____                                                                     | 5. _____  | _____ | _____     | _____ |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 3. _____                                                                           | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _____                                              | _____                                                                     | 6. _____  | _____ | _____     | _____ |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| NAME (LAST, FIRST, MIDDLE)                                                         | BIRTHDATE   SEX   RACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME (LAST, FIRST, MIDDLE)                         | BIRTHDATE   SEX   RACE                                                    |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| ADDRESS                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ADDRESS                                            |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| HOMEPHONE ( ) , BUSINESS PHONE ( )                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HOMEPHONE ( )   BUSINESS PHONE ( )                 |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| O<br>O<br>L<br>LJZ<br>a:<br>W<br>cj(IJ)                                            | IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX. <input type="radio"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
|                                                                                    | 1. DATE/TIME OF INCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2. PLACE OF INCIDENT                               | (CHECK ONE) <input type="radio"/> OCCURRED <input type="radio"/> OBSERVED |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
|                                                                                    | IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
|                                                                                    | <input type="radio"/> FAMILY DAYCARE <input type="radio"/> CHILD CARE CENTER <input type="radio"/> FOSTER FAMILY HOME <input type="radio"/> SMALL FAMILY HOME <input type="radio"/> GROUP HOME OR INSTITUTION                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
|                                                                                    | 2. TYPE OF ABUSE: (CHECK ONE OR MORE) <input type="radio"/> PHYSICAL <input type="radio"/> QME TAL <input type="radio"/> SEXUAL ASSAULT <input type="radio"/> ONEGI.f;CT <input type="radio"/> DOTHEfl                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 3. NARRATIVE DESCRIPTION:                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |
| 5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD:                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                                           |           |       |           |       |           |     |      |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |          |       |       |       |

SS 8572 (Rev. 1193)

## INSTRUCTIONS AND DISTRIBUTION ON REVERSE

do NOT submit a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS-8583 if (1) an active investigation has been conducted and (2) the incident is still unfounded.

Police or Sheriff-WHITE Copy; County Welfare or Probation-BLUE Copy; District Attorney-GREEN Copy; Reporting Party-YEW Copy\_

**ORCHARD COMMUNITY CHURCH**  
**Volunteer Driver Application Form**

In order to protect the interests of children/youth, volunteer drivers, and Orchard, this form must be completed annually before drivers may transport minor participants by private vehicle for any Church sponsored event/activity. The minimum age for all drivers is twenty-five (25) years and the maximum age is sixty-five (65) years, unless prior approval is obtained from the pastor elder(s) or ministry director.

Driver name: \_\_\_\_\_ Birthdate (mo/day/yr): \_\_\_\_\_

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

Email address: \_\_\_\_\_ Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Driver's license number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Car #1 model/year: \_\_\_\_\_ Car #2 model/year: \_\_\_\_\_

Car #1 license number: \_\_\_\_\_ Car #2 license number: \_\_\_\_\_

Car #1 number of working seatbelts: \_\_\_\_\_ Car #2 number of working seatbelts: \_\_\_\_\_

The church requires volunteer drivers to have a minimum amount of liability of insurance: (1) \$100,000 liability per person for bodily injury, (2) \$300,000 liability per incident for bodily injury for all vehicle occupants, and (3) \$50,000 - \$100,000 liability for property damage. Your policy information for each vehicle:

Car #1 Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

Uninsured/underinsured motorist coverage? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Car #2 Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

Uninsured/underinsured motorist coverage? Yes: \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_ yes \_\_\_ no Do you have any physical condition or are taking any medication which would affect driving safety?  
If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ yes \_\_\_ no Have you been in an accident in the last three years? If you answered "yes", please describe the accident and its cause on the reverse side of this form.

\_\_\_ yes \_\_\_ no Have you been ticketed for a moving violation within the last three years? If you answered "yes", please describe the infraction on the reverse side of this form.

\_\_\_ yes \_\_\_ no Have you been convicted for WDWI/DUI, or had your license suspended for a moving violation, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or driving while under suspension or revocation within the last five years? (Note: we will be unable to use volunteers with a "yes" response to this question.)

- I possess a valid California driver's license. Please attach a photocopy of your driver's license and a copy of your car insurance card to this form.
- Students riding in my vehicle(s) will be seated and secured with an individual working seatbelt for each seat. No double seating of children is permitted. As required by State law, I will have a child restraint seat for each child under age 8 or short than 4'8". All children ages 12 and under will be seated in the back seat.
- To my knowledge, my vehicle is in safe operating condition (brakes, tires, etc.)

**Declaration and Signature:**

I affirm that I will carefully transport minor participants under my care and obey all traffic laws. I also declare that by signing this driver form I will not have ingested alcohol, a controlled substance, or any other medication that impairs my driving abilities, during or within six (6) hours before the event or activity.

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_