

# CORNERSTONE

B I B L E C H U R C H

September 2022

Dear Teachers and Volunteers,

Thank you for your dedicated service to our children. As we seek to help children know Christ, grow in Him, and go tell others about His saving grace, we face a variety of challenges. Some of those challenges involve navigating in an increasingly unpredictable world.

To better protect our children as well as the church body, we have revised our teacher and volunteer policy. The policy will include volunteer guidelines and requirements, a volunteer application and personal interview as well as a background check for adults (age 18 and older). All current and future teachers and adult volunteers will be required to complete this process. For adult volunteers, we will be utilizing a BCI (Ohio Bureau of Criminal Investigation) background check that is of the same standard conducted by local public schools. **BCI background checks will be required to be renewed every two years.**

BCI background checks are conducted by the Geauga County Sheriff's Office Post 2, 13349 Kinsman Road, Burton. This office accepts walk-ins Tuesday – Thursday from 8:00am to 1:00pm and Fridays and Saturdays from 8:00am to 12:00 noon. To avoid a wait time, **we recommend you make an appointment.** To schedule an appointment, visit <https://geaugaccwscheduling.as.me/> choose the Fingerprinting NOT for CCW option

This is a simple 10-to-15-minute process. It involves a one-page form (included here so you can fill it out in advance), and you will be required to have your fingerprints taken. Fingerprints will be taken digitally by a scanner, There is a \$30 fee. The sheriff's office will take checks made out to Geauga County Sheriff's Office, or the exact dollar amount only if paying in cash. Cornerstone will reimburse you when you provide a receipt. If it is not convenient for you to be reimbursed, please notify us in advance and we will give you a check payable to the sheriff's office in advance.

A valid driver's license or some form of photo ID is required. If you have questions regarding the background check process, please contact Alan Skeen at 440-477-1294.

Thank you again for your dedication to loving our kids for Jesus and teaching them about His love for them. You are a blessing to the children as well as to their parents. The harvest is great, and children look to you for a better understanding of Jesus. Never underestimate your role as a teacher or children's ministry volunteer.

Your brothers in Christ,

Cornerstone Board of Elders

## **Volunteer Guidelines—Sunday School, Kid's Kingdom & Vacation Bible School**

**1. Volunteer Screening Procedures:** All approved Volunteers shall have attended Cornerstone on a regular basis for a minimum of 6 months, interviewed with an elder or the Children's Ministry leader, and provided the church a BCI background check from their local Sheriff's Department. Any person with a history of physical or sexual abuse will not be permitted to serve in Student Ministries. Any information that is received after a volunteer has begun serving that indicates that he/she now poses a threat to others in any capacity will result in immediate removal of the volunteer.

**2. Check-in Procedures:** All children from infant through 5<sup>th</sup> grade must be checked in with a number tag at the Children's Ministry Welcome Table. Parents/guardians must keep a corresponding tag for themselves.

**3. Check-out Procedures:** Volunteers from nursery through 5<sup>th</sup> grade must match the code on the parents tag to the security code on the child's badge when being picked up. Volunteers must notify the Children's Ministry leader if a parent has lost their tag. No child in grade 5 and under will be permitted to leave their classroom until a parent or guardian arrives to pick them up. Guardians must be at least 16 years of age. Exceptions to guardian age will be made in special circumstances at the discretion of Children's Ministry leader and with parental/adult guardian approval.

**4. Volunteer Ratio Procedures:** No volunteers are to ever be alone with an **individual** child during a service or event. Every classroom or environment, whenever possible should have at least two approved volunteers or staff present. No child or group of children shall be left unattended at any time. Considering specific age ratios and that whenever possible a teacher and helper should be present, nursery age should be at least a teacher and helper to 8 children. Children 2 -3 years old should have a teacher and helper to 16 children ratio.

**5. Discipline/Contact Policy:** No volunteers are permitted to spank, hit, grab, shake or otherwise physically discipline anyone. Disciplinary problems should be reported to the Children's Ministry leader and parent/guardian. Workers should avoid the appearance of impropriety, such as sitting older children on their lap, kissing or embracing others, etc.

**6. Guest Policy:** Any child visiting with a friend must register and get a tag from the Children's Ministry Welcome Table . Any parent/guardian wishing to observe or needing to remain with a child for behavioral or medical reasons **must receive a tag** and are permitted to do so only at the discretion of ministry leaders. They shall not be allowed to be alone with children, lead children in activities or small groups, or care for any child other than their own. Parents/guardians will not be permitted in the nursery, except when paged or in need of changing the diaper of a child out of nursery age, or nursing mothers.

**7. Restroom Usage:** Children 5 years of age or younger (boys and girls) should be assisted as needed by a female volunteer. If assistance is needed, the door should remain slightly ajar, asking the child to do as much as possible. Only female volunteers may change a child's diaper, and for children out of nursery, parents must be paged to take care of the diaper change. For children in Kindergarten-5<sup>th</sup> grade, one approved volunteer should take the child to the restroom, ensure that the facility is safe, and then wait outside the restroom until the child(ren) comes out. This person should typically be a teacher, and if they are unavailable, it should be a female volunteer when possible. If help is needed, a parent should be notified. Adults & staff should not use any restrooms designated for children. Volunteers are never to touch children's private areas except when necessary, as in case of changing a diaper.

**8. Evacuation of Building:** In the event of an emergency that requires building evacuation, the Children's Ministry leader will serve as the point person for evacuation. Volunteers should have their group form a line and walk to the nearest emergency exit. One small group leader should lead the line and at least one should be at the back of the line. Teachers will be the last to exit the building after ensuring that all classes have exited safely, and assembled in a predetermined designated area. Each teacher should have their attendance sheet and make certain all their students are accounted for. Volunteers are to remain in the parking lot with their group until parents arrive to pick up their children.

**9. Procedures for general wellness:** Children and volunteers who exhibit signs of illness will not be permitted in the classrooms. Symptoms of illness include but are not limited to:

- Fever above 100° F
- Persistent Coughing
- Watering Eyes or Eye Drainage
- Persistent Runny Nose
- Uncharacteristic Irritability
- Nausea or Vomiting

In the event of a contagious situation (lice, chicken pox, etc.) parents will be notified by e-mail and/or posted signs/handouts, and/or phone calls, etc. Decisions re: notification methods will be left to the director of the area and will depend on the number of children potentially exposed to the contagion. Reasonable steps should be taken to avoid contact by anyone with bodily fluids of any kind. A first-aid kit will be available at the Children's Ministry Welcome Table.

**10. Accident/injury procedure:** If a student ministry volunteer encounters a life threatening situation (loss of consciousness, significant blood loss, difficulty breathing, etc.), they will immediately call 911 if apparent. Simultaneously, another volunteer will notify the parents/guardian. Minor accidents will be handled in the area that they occur, and parents will be notified.

**11. Transportation:** Ministry volunteers should avoid transporting just one student in their car alone. When transporting a group of students, everyone (including the volunteer) must be wearing a seatbelt.

**12. Volunteer Review:** All ministry volunteers agree that background checks can be repeated at any time after the initial application, and at least every two years. Any arrests for a misdemeanor or felony, outside of minor traffic violations, shall be reported to the Children's Ministry Leader within 24 hours.

**13. All student ministries volunteers and staff are mandated reporters of child abuse and neglect in accordance with Ohio Revised Code Section 2151.421 Reporting child abuse or neglect.**

I have read/reviewed a copy of the guidelines. I agree to follow the procedures.

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Name (Please print and sign)

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Date



**Children’s Ministry Volunteer Application**

**Name:** \_\_\_\_\_

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

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

**PhoneNumber:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**In which role would you like to serve?**

TEACHER          TEACHER HELPER          VACATION BIBLE SCHOOL VOLUNTEER

NURSERY HELPER          OTHER: \_\_\_\_\_

**Are you a member of Cornerstone Bible Church? (Not applicable to “Helpers”)**    YES    NO

**Have you read/reviewed a copy of and agree to follow the Volunteer Guidelines?**    YES    NO

**Will you allow the church to complete or obtain a BCI background check?**    YES    NO

**Have you ever been convicted of child abuse or sexual assault?**    YES    NO

**Do you believe you are living a life of purity according to Scripture?**    YES    NO

**Have you viewed any pornography in the past 6 months?**    YES    NO

**Is there any area of concern the pastoral staff could come alongside and help you in? If yes, please explain.**

YES    NO **Please briefly share your testimony of faith in Jesus Christ.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# GEAUGA COUNTY SHERIFF'S OFFICE

## WEB CHECK WAIVER

Date \_\_\_\_\_

Request for a Background Check via Electronic Fingerprinting



BCI       FBI       BCI & FBI

Type of Photo ID and ID # \_\_\_\_\_

**All background checks are payable prior to your fingerprints being scanned. Payment is to be paid in cash (exact amount), check or money order. If payment is to be billed, you must present paperwork from your prospective employer requesting the Sheriff's Office to bill them**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

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

**Complete this portion if an FBI Background check is needed**

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Reason for Background Check: CHURCH CHILDREN'S MINISTRY VOLUNTEER Background Check Code: NO ORC

Mail Result to: Company or Agency: CORNERSTONE BIBLE CHURCH Attention: ALAN SKEEN

Address: 15029 ENTERPRISE WAY Phone: 440-477-1294

City/ State/ Zip: MIDDLEFIELD OH 44062

|                                     |                                   |                                |
|-------------------------------------|-----------------------------------|--------------------------------|
| <b>Direct Copy To: (Circle One)</b> | Social Work Board                 | Ohio Board of Nursing          |
| Ohio Department of Public Safety    | Ohio Department of Education      | Respiratory Care Board         |
| BMV Dealer License                  | Ohio Department of Liquor Control | Child Care Center - Type ODJFS |
| Ohio State Racing Commission        | BMV Deputy Registrar              | Lottery Commission             |
| Dietetic Board                      | Ohio Department of Insurance      | Ohio Construction Board        |
| Ohio Pharmacy Board                 | OPOTA                             | Ohio Medical Board <b>NONE</b> |

**I voluntarily and knowingly release and discharge the Attorney General's Office, BCI, the FBI and their employees from all claims and liability related to this authorized record review and dissemination.**

Applicant's Name (Print) \_\_\_\_\_

Witness Name (Print) \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Entered By: \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian Signature (Minor Applicant) \_\_\_\_\_