

<b>*** OFFICE USE ONLY***</b>			Date Received:
Date Recommended:	Date Not Recommended:	Date Recommended with Conditions Noted:	
Note Conditions:			
Signature of Montana Conference personnel completing screening process:			Date:

## Caregiver Service Information Form

It is the goal of every Church/School to have the best qualified personnel available. This record becomes the property of the Montana Conference of Seventh-day Adventists and will be used to evaluate all present and prospective workers and prospective volunteers **working with children and youth 18 years of age and younger.**

SECTION I - PERSONAL INFORMATION	Check all that apply.		
Full Legal Name	<input type="checkbox"/> Church <input type="checkbox"/> Sabbath School Dept <input type="checkbox"/> Youth Department <input type="checkbox"/> Vacation Bible School <input type="checkbox"/> Adventurer Club <input type="checkbox"/> Pathfinder Club <input type="checkbox"/> Camp Meeting <input type="checkbox"/> Church School Other: _____		
Other names used: (maiden, aliases, legal name change, etc.)			
SS#		Birth Date	
Address			
City		State	Zip
Home Phone ( )		Work Phone ( )	
How long have you lived at this address:		In this state:	
Driver's License #:		State:	Expiration Date:
Single    Divorced    Separated		If Married, Spouse Name:	

Previous addresses in past 10 years (use back of page if necessary):

Are you a member of the SDA Church? Yes    No    How long:	Church(es) attended the past 5 years:
Please list names and ages of children living at home.	Which Montana Seventh-day Adventist church are you attending at the present time?

### SECTION II - HEALTH INFORMATION

List any injury/health conditions that might limit your involvement as a caregiver with children/youth:

### SECTION III - EXPERIENCE

List any experience and training (VBS, Sabbath School, Pathfinders, Adventurers, classroom assistant, etc.) that might qualify you to work with children and/or youth:

1.	Position/Type of Work	Church/Organization	Date(s)
2.			
3.			

### SECTION IV - REFERENCES

List below three individuals who could recommend you for service with children and/or youth. Do NOT list relatives.

**Please print legible, completing ALL sections below.**

Name	Street and/or e-mail	City/State	Zip	Phone
1. Pastor				( )
2. Other				( )
3. Other				( )

**SECTION V – UNLAWFUL CONDUCT**

Understanding the epidemic proportions of child abuse and unlawful conduct, Section V has been included to protect children and youth in church and/or church school-sponsored programs from abuse by any staff with a history of misconduct.

YES, I authorize Montana Conference to conduct a Criminal History search.

Have you ever been (formally or informally) accused, charged, or disciplined for any unlawful sexual conduct, child abuse, and/or child sexual abuse?  YES  NO (if “no” go to Section VI)

Date:

Place:

Type of Conduct:

If possible, give the name and address of a reference/professional who can verify your suitability to work with children/youth.

Name of reference/professional

Street

City/State

Zip

Phone:  
( )

**SECTION VI – STATEMENT OF ACCURACY**

It is the goal of every church to have the best-qualified personnel available for their ministries. Therefore, we are requiring all present and future caregivers to fill out this form so we might analyze their leadership potential. This record becomes the property of Montana Conference and will be used to evaluate present and prospective caregivers. It will be forwarded to another conference should the caregiver move to another conference. In the event of accusations against the caregiver, opportunity will be given for a response by the accused. This response will be part of the record.

Section V deals with unlawful conduct. This section has been included to protect the caregiver from abuse and protect the Seventh-day Adventist Church organization from recommending any caregiver who has had a problem in this area. We regret having to include a section on unlawful conduct. However, understanding the epidemic proportions of this problem, it becomes necessary to create a database to protect child, parents, staff and the church.

The information contained in this form is current to the best of my knowledge. I authorize any persons giving a reference or churches listed in this form to disclose to the Montana Conference any information that they may have regarding my character and fitness for working with children or youth. I hereby release any individual, church, or organization from any and all liability for damages which may result to me, my heirs, or family for compliance with this authorization, and agree that the Montana Conference can maintain this information in confidence from the caregiver. My signature on this form confirms my understanding and agreement that: In the event allegations of criminal or sexual misconduct arise regarding my conduct while I serve in the above-described capacity(ies), the church will fully cooperate with any investigation. I further state that I have carefully read the foregoing release and understand the contents thereof and I sign this release as my own free act. This is a legally binding agreement, which I have read and understand.

Caregiver’s Signature: \_\_\_\_\_

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

**Mail signed & completed form to: Montana Conference Caregiver Service, 175 Canyon View Road, Bozeman, MT 59715**