



TORCH CLEARANCE POLICY

KAIROS PRISON MINISTRY INTERNATIONAL, INC.

- (1) The Kairos Prison Ministry International, Inc. office will request a professional background screening service, to use the authorization form for a background check of the following items:
 - A. Social Security number and identity confirmation.
 - B. National criminal file
 - C. Sexual offender search
 - D. County criminal search
 - E. Motor Vehicle Record (where available)

- (2) The Advisory Council or State Chapter/Area Committee is also required to obtain from each volunteer applicant the following information:
 - A. Letter of recommendation from the volunteer's pastor/minister
 - B. Letter of recommendation from an employer or past employer
 - C. Letter of recommendation from another responsible person
 - D. Copy of volunteer's driver license, birth certificate, or passport (any 1 of these)
 - E. A signed volunteer application and authorization giving Kairos Prison Ministry International, Inc. the authority/permission to obtain a copy, if any, of the volunteer's arrest and/or criminal records;

- (3) The Volunteer Select Authorization and Consent Form and the documents in (2) should be sent to Kairos Prison Ministry International, Inc. so that authorized personnel may obtain the required information to approve or deny the volunteer's application. These materials should be accompanied with a check for \$ 25.00 made payable to Kairos Prison Ministry.

- (4) The failure to provide any of the above requested information may result in a denial of the volunteer's application.

- (5) This policy was made effective August 1, 2004.

All information provided to the Kairos Prison Ministry International, Inc. office will be stored in a secured, locked file cabinet. Only authorized personnel will be allowed to view information. Findings will not be provided to any other organization except as required by State or Federal law. Kairos Prison Ministry International, Inc, in its discretion, may also require finger prints or other follow up information.

KAIROS Prison Ministry International, Inc.
 100 DeBary Plantation Blvd.
 DeBary, FL 32713-2201
 T: (407) 629-4948 F: (407) 629-2668



TORCH VOLUNTEER SCREENING

 Last Name First Name Middle Initial Nickname, If Any

Have you gone by any other names? Yes No If yes, what other names? _____

 Female Male Married? Yes No

 Address City State County Zip

 Previous Address City State County Zip

 Emergency Contact Emergency Phone

 Home Telephone Work Telephone E-mail

 Torch Institution City in which institution is located Leader's name

What is / are you're:

 Education / Training

 Occupation

 Other Job Experience

 Volunteer or Youth Group Experience

 Church Affiliations

 Address of Church

 Name of Pastor / Minister

Three References

Your references should be people not related to you but who know your work and character. Please give the self – mailer reference form to your pastor / minister; employer or past employer; and one other responsible person.

 Name (Pastor) Telephone

 Address City State/Zip

 Name (employer) Telephone

 Address City State/Zip

 Name (personal friend) Telephone

 Address City State/Zip

Identification

 Date of Birth Place of Birth

 Driver's License Number State of Issue

 Social Security Number

TORCH VOLUNTEER SCREENING

I certify that all the information on this application is true and complete. I understand that falsification or significant omissions of any information may be justification for dismissal

Signature

Date

I understand as a volunteer for Kairos Torch that Kairos Prison Ministry International, Inc. will perform a background check using a professional screening service, Various State and Federal Agencies and other resources to determine as best they can my suitability for this ministry. By applying to be a volunteer I agree, accept and give permission for Kairos to perform whatever background check(s) Kairos feels is necessary to protect their ministry, the institutions, and the youthful offenders they serve. I agree that being a Kairos Torch volunteer is a privilege not a right and my service as a volunteer may be revoked by Kairos at any time. I understand Kairos Torch is a Christian ministry working with youthful offenders. I agree at all times to conduct my volunteer services with a high degree of personal and moral integrity consistent with traditional biblical principles.

SECTION B.

CRIMINAL BACKGROUND INFORMATION

Have you ever been arrested or convicted of a crime (other than a traffic violation)? Yes No

If yes what City, State, County and year? _____

For what reason? _____

What was the outcome (disposition) of the arrest? _____

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

If the answer to either of the above is yes, on a separate piece of paper, please explain the circumstances and disposition.

Have you ever been accused of an illegal sexual touching? Yes No

If the answer to the above is yes, on a separate piece of paper, please explain the circumstances and outcome (disposition) of the accusation.

SECTION C.

EMPLOYMENT INFORMATION

Are you currently employed? Yes No

Current or Former Employer _____

Address State Zip Telephone

Supervisor

TORCH VOLUNTEER SCREENING

SECTION D.

AUTHORIZATION AND CONSENT

During the application process and at any time during the tenure of my employment/service with KAIROS PRISON MINISTRY INTERNATIONAL INC., KAIROS TORCH, I hereby authorize a professional screening service, on behalf of KAIROS TORCH, to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant Signature

Date

MN & Oklahoma Residents please note: In connection with your application for employment/service, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: Under CA law, you have a right to receive a free copy of your report by checking the appropriate box below.

YES, I am a California resident and would like a free copy of my investigative consumer report.

Return Application Materials To:
KAIROS Prison Ministry International, Inc.
100 DeBary Plantation Blvd.
DeBary, FL 32713-2201

Application Checklist:

- Volunteer Screening Form
- Authorization and Consent Form (Section D)
- Screening Results
- Three Reference Forms (May come separately)
- Copy of Driver's License, Birth Certificate or Passport
- Screening Fee (\$25.00)

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TORCH VOLUNTEER REFERENCE

Volunteer Applicant's Last Name First Name Nickname, If Any

Have you gone by any other names Yes No If yes, what other name(s)? _____

Volunteer Applicant's Address City State Zip

Torch Institution City in which institution is located

To be filled out by personal reference 18 years old or older and not related to volunteer applicant.

Kairos Torch mentoring can only happen when men and women volunteer their time and skills. Volunteers are required to complete the adult screened process. This consists of a volunteer application and three volunteer reference inquiries.

This candidate has chosen you as a personal reference. Your assistance in furnishing Kairos Torch the information requested below is greatly appreciated. This information will be held in strict confidence; however, Kairos may use any appropriate reference information for documentation purposes when refusing to allow a volunteer to work in, or releasing a volunteer from, a position involving contact with youthful offenders. Please return this inquiry within one week.

Please use this form. Answer every question, and if you need more space to answer a question please continue on back of form.

What is your relationship to candidate? Pastor Employer Personal

How long have you known this person? ____

Describe the candidate (personality, abilities, talents, etc.): (Please use another sheet for further comments)

Do you know of any limitations the candidate has?

To your knowledge, is he/she responsible, dependable and reliable? If so, please give an example:

Are you aware of this person ever being involved in any criminal or abusive activities? Explain.
 (A positive response will not necessarily be cause for disqualification.)

Which of the following best describe your perception of this person? (Please check all that apply.)

- | | | | | |
|---|--|--------------------------------------|--|---|
| <input type="checkbox"/> Positive | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Negative | <input type="checkbox"/> Loses Interest in Projects |
| <input type="checkbox"/> Impatient | <input type="checkbox"/> Intolerant | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Assertive | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Good Leader | <input type="checkbox"/> Good Follower | <input type="checkbox"/> Organized | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Energetic |
| <input type="checkbox"/> Over schedules | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Mature | <input type="checkbox"/> Easy to Anger | <input type="checkbox"/> Get stressed easily |

Would you recommend this person to work with youthful offenders? Yes No

Would you recommend this person as a volunteer? Yes No

Your Name (Please Print) Telephone

Address City State/Zip

Signature Date