

Church Chaperones and Background Checks

CHURCH CHAPERONES

Kentucky WMU requires all children and youth participating in **Courage 2017** to be accompanied by church chaperones. For **Courage 2017**, a male chaperone is required for each group of 1-7 boys.

To ensure the best possible care of our campers while at **Courage 2017**, church chaperones must:

- ✓ be 21 years of age or older
- ✓ pass a background check conducted by the sponsoring church
- ✓ be a member of the sponsoring church
- ✓ be in good health and physical condition
- ✓ be a non-smoker
- ✓ set a good example for campers in speech, dress, and conduct

BACKGROUND CHECKS

In recent years, churches, state conventions, and organizations like Kentucky WMU have recognized the need to be more proactive in protecting our children from harm. Background checks provide information about any reported criminal behavior, allowing organizations to make responsible decisions about who should and should not be allowed to work with youth and children. Kentucky WMU is requiring that our sponsoring churches conduct their own background checks on potential church chaperones for Courage 2017. To indicate your compliance with this request, the RA leader or trip coordinator should complete the **Acknowledgement and Assurance Form**. (Other side of this page.) **This form should be signed by the pastor and a church officer/trustee, and must be notarized as well.** Kentucky WMU does not need copies of the background checks. Your signatures assure us that you have conducted background checks and have chosen appropriate volunteers. Individuals not listed on the **Acknowledgement and Assurance Form** will not be permitted to serve as chaperones. Churches and Kentucky WMU both benefit from knowing they have suitable volunteers.

For more information on Background Checks:

Kentucky - Office of the Courts, Call 502-573-2350 or 800-928-2350, or go to:

<http://courts.ky.gov/aoc/criminalrecordreports/Pages/default.aspx>

www.lifeway.com (Search "Background Checks")

www.protectmyministry.com (Site used by Kentucky WMU and KBC)

PLEASE MAIL THE FOLLOWING FORMS TO KY WMU TO COMPLETE YOUR REGISTRATION

- Church Acknowledgement and Assurance Form
- Health History/Release from All Claims Form for each participant (boys and chaperones)

Must be postmarked by July 21!

Mail to:

Courage 2017

Kentucky WMU

13420 Eastpoint Centre Dr.

Louisville, KY 40223

Questions? Contact Jon Auten at (502) 489-3451 or at jon.auten@kybaptist.org.

ACKNOWLEDGEMENT AND ASSURANCE FORM

This form should include all Church Chaperones attending Courage 2017. ***This form MUST be sent in with the Health History/Release from All Claims Forms to complete your registration. These forms must be postmarked by July 21.*** Kentucky Woman's Missionary Union is committed to providing the best possible care for children while they are attending **Courage 2017**. Kentucky WMU depends on the cooperation of attending churches in order to ensure that children are treated in a compassionate and Christ-like manner.

By the signatures below, _____ Church acknowledges the importance of caring for children and further **assures** Kentucky WMU that their church has taken prudent actions, including **background checks**, so as to be satisfied that each person listed below is suitable for the supervision and care of children and youth.

Please print your church chaperone information below:

Name	_____	Name	_____
Address	_____	Address	_____
City/State	_____	City/State	_____
Zip Code	_____	Zip Code	_____

Name	_____	Name	_____
Address	_____	Address	_____
City/State	_____	City/State	_____
Zip Code	_____	Zip Code	_____

Name	_____	Name	_____
Address	_____	Address	_____
City/State	_____	City/State	_____
Zip Code	_____	Zip Code	_____

The Kentucky Woman's Missionary Union assumes no liability for any negligent, wrongful, and/or harmful acts of those identified above, or any others originating from the church who are attending Courage 2016. The above church agrees to hold the Kentucky WMU harmless (including defense and indemnification) for any negligent, wrongful, and/or harmful action done by such individuals.

The above-named church has a liability insurance policy. **YES NO** If yes, please send a copy of the certificate of liability with this form or have the certificate faxed to (502) 489-3251. You may also scan the certificate and email it to jon.auten@kybaptist.org.

PASTOR

CHURCH OFFICER/TRUSTEE

DATE

THIS FORM MUST BE NOTARIZED.

County of _____ State of _____

Subscribed, sworn to and acknowledged before me by _____ and _____

On the _____ day of _____.

NOTARY PUBLIC _____ My commission expires: _____

Make a copy of this form for your records. Please send this form with your Health History/Release from All Claims Forms to complete your registration for Courage 2017.

These forms must be postmarked by July 21.