CHURCH OF OUR LORD JESUS CHRIST
OF THE APOSTOLIC FAITH, INC.

Sexual Misconduct, and Protection for
Children and Adult Policy
Dear Fellow Labors in the Gospel:

Clergy sexual misconduct is a serious problem in church life. While ministers live and serve with great integrity, some engage in the irresponsible exploitation of members who are in need of their spiritual guidance. The Church of Our Lord Jesus Christ (COOLJC) is not exempt from this mistrust and are receiving more and more calls from churches concerning ministerial sexual misconduct.

Ministerial sexual misconduct occurs when a person in the ministerial role engages in sexual contact, threats, or sexual behavior with a congregant, employee, minor, staff member, co-worker, or volunteer. The betrayal of trust involved creates ripples of grief and mistrust that do damage far beyond the specific situation.

In the Church of Our Lord Jesus Christ, the burden of responsibility for monitoring church staff falls directly on the local congregation. Congregations should conduct background checks on prospective ministers and staff to ensure appropriate supervision of all staff (paid and volunteers). If there is a complaint of sexual misconduct or inappropriate acts with a minor or adult, the church must act immediately to investigate and intervene properly and responsibly.

Congregations need to develop policies which are clear and include definitions of terms and standards of conduct. Every church should have a clear policy concerning reporting of misconduct and assuring that there is due process in the assessment of complaints. The COOLJC “Policy for Sexual Misconduct, Children and Adult Safety” can be used as a guide in developing local church policies.

The COOLJC is seeking to assist churches in dealing with this problem in four ways:

1. Education and awareness materials
2. Help with counseling for the perpetrator, the victim, and families when needed
3. Expert assistance to local churches when requested
4. Establishing a clear COOLJC policy concerning handling sexual misconduct reports

Sexual misconduct by ministers and licensed individuals serving in ministry is a betrayal of the profound calling to provide spiritual guidance. The COOLJC offers this document with a prayer that it is frequently read, reviewed and signed by credential constituents on an annual basis, and seldom needed.

Sincerely yours,

Apostle Robert L. Sanders
Presiding Apostle
Policy For Sexual Misconduct, Children and Adult Safety

The Church of Our Lord Jesus Christ of the Apostolic Faith, Inc. (“COOLJC”), and its affiliate churches, have a duty to all parents, guardians, parishioners and the community to ensure the safety of youth (birth to 18 years) and adults to the greatest extent possible. The Church of Our Lord Jesus Christ strives to develop procedures that will result in the safest environment possible for the above named individuals while involved in, and all, activities involving the church.

Screening of Ministers, Staff and Volunteers

1. Selective Hiring

All volunteers working with youth and all prospective ministers, deacons, and missionaries seeking credentials from COOLJC, must undergo a screening process before being appointed to any volunteer or employment position or awarded credentials from the Church. All candidates must be an active member of the COOLJC organization a minimum of six months.

The Process

a. Application: For all persons seeking credentials from the Church, (including deacon, ministers, bishops, and missionaries), and for all persons seeking to work with any youth ministry must complete an employment application (see example in Appendix B), whether the “job” is for pay, elected or on a volunteer basis. The applicant must provide the following information:
   o Current and previous residence addresses.
   o Current and previous employment, including addresses, dates, duties, titles and reasons for leaving.
   o Current and previous churches attended, including addresses, dates, duties, titles and reasons for leaving.
   o Names and addresses of schools attended and degree(s) earned, if any.
   o References from previous employers and organizations which serve youth.
   o Previous or pending criminal charges (where not prohibited by state law).

Ministers, Bishops, Deacons, and Missionaries that were licensed prior to August, 2008, will not be subject to reference checks or the personal interview unless deemed necessary by the credentials committee or the screening committee. They will however be subject to all other screening including background checks.

b. Applicants must acknowledge in writing, certifying that statements provided in the application are true and complete, and that any misrepresentation or omission may be grounds for rejection of the applicant or for dismissal if he or she is employed.

c. The applicant must also give consent to the COOLJC and the recommending Pastor to contact any individual or organization listed in the application (see example of Reference Check in Appendix C). Pastors making recommendations for appointments or the award of any credentials must certify in writing that he has contacted all the references, and
employers, and completed the required background check and provide to the screening committee, a summary of his findings.

d. The Board of Apostles will appoint a “screening committee” consisting of one representative from the Board of Bishops, Board of Presbyters, Missionary Department, Executive Secretary’s Office, Credential Committee and Youth Ministries. The screening committee will ensure that the applicant has properly completed the application and that the references provided have been called and a background check has been completed. The Committee will ensure that all calls have been properly recorded and a record of their findings is filed in the Office of the General Secretary. Any irregular findings must be reported to the Board of Apostles for consideration prior to any appointment or award of credentials.

e. If the Board of Apostles finds that an applicant has “issues” and still finds the applicant desirable, the Board will make a note of its findings and the reason for the denial or the granting of credentials or appointment. “Issues” are any matter or detrimental information, that may cause concern; such as allegations, founded or unfounded, or a criminal background. An applicant with a criminal record will not be automatically disqualified, however, the applicant will be subject to a further interview by two members of the Board of Apostles.

**Additional Screening:**

Applicants seeking to work with youth at any international meeting must:

1. Be at least 21 years of age or older:
2. If applicant is in a “key role”, such as the Youth Congress President or Children’s Convention Coordinator or a key part of its staff, applicant must submit to a criminal background check, provided such background check does not violate any state law; and submit to being fingerprinted.
3. Before being permitted to work with COOLJC children, all applications, background checks, and fingerprints must have been received and such applicants approved by the Board of Apostles.

**Requirements for Working with Youth:**

COOLJC will put forth its best effort to make certain that no spoil comes to youth or adults by enforcing the following rules:

1. Two Adult Rule: Two adults must always be present in the room where there are infant or youth events. When this is not possible, a “roamer” will randomly visit the room periodically.
2. All volunteers must be at least five years older than the children they are working with or supervising.
3. No worker under the age of 18 will have sole responsibility, nor be alone with, any child or youth without having an adult randomly check in with them periodically.
4. Doors to classrooms must be kept open unless the noise is prohibitive. In that instance, a roamer will visit the room periodically.
5. COOLJC shall provide an annual orientation session that includes:
   - church policies for prevention of child abuse and sexual misconduct;
   - procedures to be used in ministry with infant and youth;
   - appropriate steps to report an incident of abuse (See example in Appendix A);
   - providing first aid and CPR training for all workers with children and youth; details of
     state laws regarding child abuse.
   Any worker that cannot attend the orientation session, must provide proof that they have
   received training in another venue that contained equivalent information.
6. Counseling sessions should be held with doors open or with two adults present,
   preferably, not husband and wife.
7. No adult is to initiate any physical contact with a youth, such as hugging and playing.
8. Parents or guardians must be given advance notice and full information about activities
    involving children and youth.

**Responding to Alleged/Suspected Child Abuse or Sexual Misconduct While on**
**the Premises at an International Church of Our Lord Jesus Christ Meeting or at**
**any COOLJC Organization Related Function, or utilizing credential authority at**
**any time.**

The Board of Apostles shall appoint designated individuals to receive all reports of suspected or
alleged abuse. Designated individuals will be documented in the Board of Apostles minutes. In
the event designated individuals cannot be contacted the report should be sent to the Executive
Secretary’s office.

Upon notification of the abuse or suspected abuse of a youth, adult, or sexual misconduct while
on the premises or at any church related function of COOLJC:

1. The designated individual must then immediately, in a non – accusatory manner, separate
   the alleged abuser from the victim.
2. The designated individual will immediately notify the Presiding Apostle.
3. The designated individual will immediately contact the parents or guardian if the alleged
   victim is under the age of 18.
4. The Presiding Apostle will contact the attorney to determine whether the alleged abuse
   must be reported to the state authority and to the insurance company.
5. The designated individual will then document all steps taken pursuant to the notification
   of alleged abuse.
6. The designated individual and any other persons involved in the incident will respect the
   privacy and confidentiality of the person(s) involved and refrain from making any
   unnecessary comments
7. COOLJC will cooperate with any official investigation conducted by a governmental
   agency.
8. The Presiding Apostle, or his designee, will be the only person authorized to speak to the
   media.
9. The person under investigation for the alleged abuse will be immediately suspended from
    all responsibilities or ministry activity until a thorough investigation is conducted. This
    suspension does not imply guilt but is a precautionary measure.
APPENDIX A

SAMPLE INCIDENT REPORT
SAMPLE INCIDENT REPORT

INSTRUCTIONS

Complete this form under any of the following situations:

A. A child becomes ill or receives an injury that requires First Aid or medical treatment while in your care;
B. A child receives a bump or blow to the head or other visible injury regardless of treatment;
C. A child is transported by ambulance from your facility;
D. An unusual or unexpected incident occurs that jeopardizes the safety of a child, such as a child left unattended, there is a vehicle accident (with or without injuries), or a child is exposed to a threatening person or situation;
E. There is an allegation or reasonable suspicion of abuse of a child.
   **Important:** Consult your state’s mandatory reporting requirements for further information on abuse reporting; OR
F. As otherwise required by any state licensing or other authority, such as childcare or daycare licensing.

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<th>Date of Incident:</th>
<th>Time of Incident:</th>
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Name and Approximate Age of Child Involved (One Report per Child):

Contact Information for Child Involved:
Parent/Guardian: __________________________________________
Address: _________________________________________________
Telephone: ________________________ email: ____________________

Nature of Injury/Incident:

Location of Incident:

Description of Incident:
**Was the above information:**

- ☐ Report to you by someone else? If so, who: ________________________________
- OR
- ☐ Directly observed/witnessed by you?

**Action(s) Taken: (Check all that apply)**

- ☐ Provided First Aid
  - What/When: ________________________________
- ☐ Call placed to 911
  - By Whom: ________________________________
- ☐ Taken to hospital
  - By Whom: ________________________________
- ☐ Notified Parent/Guardian
  - Who/When: ________________________________
- ☐ Notified Church Official
  - Who/When: ________________________________
- ☐ Notified Authorities
  - Who/When: ________________________________
- ☐ Other
  - __________________________________________

**Witnesses to Incident:**

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Printed Name of Person Completing This Report___________________________________________

Position at this Organization:________________________________________________________________

Address:_________________________________________________________________________________

Telephone:_________________________ email:________________________________________

Signature:__________________________________________________  Date:_______________________

Signature of Church Official:___________________________________  Date:___________________

WITNESS REPORT

Name:_________________________________________________________________________________

Address:________________________________________________________________________________

Telephone Numbers:

Home:________________________________ Work:________________________________________

Mobile:_____________________________ email:________________________________________

Date/Time of Incident:
Anyone else you know who may have witnessed the incident?

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Name:  
Address:  
Telephone:  Mobile:  email:  

Printed Name of Witness:  
Signature:  
Date Signed:  
APPENDIX B

CHILD YOUTH APPLICATION FORM
CHILD/YOUTH WORKER APPLICATION

It is the goal of this church to create a safe and secure environment for youth and workers involved in activities in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or volunteer services to our youth programs and activities. This information will be used for the sole purpose of helping the church provide a safe environment for our youth and workers.

Name:___________________________________________ Date: ______________

Date of Birth: ___________________________ Social Security # ___________

Have you ever used names other than the one above? If yes please list the name(s):
____________________________________________________________________________________

Current Address: ________________________________________________________________

City, State, Zip: ___________________________ How many years: ______________

List last five (5) previous addresses: ________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

CURRENT: Home Phone:______________ Work Phone:______________ e-mail _____________

Please respond to all questions below which pertain to the position for which you are applying/volunteering.
Position applying/volunteering for: ________________________________________________

When are you available to work: ________________________________________________

Do you have a valid driver’s license: _______________ Commercial license: _______________

License Number: _______________ State issued: ________________________________

Current employer: ___________________________ How long employed: ______________

Name of supervisor: ___________________________ Phone number:___________________
Previous employers (within last five years):

Employer:__________________________ Years employed:______  Reason for leaving: _____________
Employer:__________________________ Years employed:______  Reason for leaving: _____________
Employer:__________________________ Years employed:______  Reason for leaving: _____________
Employer:__________________________ Years employed:______  Reason for leaving: _____________
Employer:__________________________ Years employed:______  Reason for leaving: _____________
Employer:__________________________ Years employed:______  Reason for leaving: _____________

Is there any reason you should NOT work with or around children/youth? _______

Have you ever been the subject of a child abuse investigation? _______

If yes, please provide details: _____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you ever been convicted of or pleaded guilty to a criminal offense? _______

If yes, please provide details: _____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please list your education background:

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<th>Graduate?</th>
<th>Year</th>
<th>Degree or course of study</th>
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<td>High School:____________________________</td>
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<td>College:_______________________________</td>
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<td>Other:_______________________________</td>
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Please provide the following church information:

What, if any, church affiliation do you have? _____________________________________________

How long have you attended that church? _________________ Are you a member? ______________

List other churches with which you have been affiliated: _______________________________________

____________________________________________________________________________________
____________________________________________________________________________________

Have you ever worked with children/youth? ________ List where: _____________________________

____________________________________________________________________________________
____________________________________________________________________________________

Please list two references (must be of a business or organizational nature):

Name:________________________________________ Phone:______________________________

Address:________________________________________ Years known each other:___________

Name:________________________________________ Phone:______________________________

Address:________________________________________ Years known each other:___________

I hereby give permission to make a thorough investigation of my past employment, volunteer service, education, and background, and release from liability all persons, companies, or corporations supplying such information. I also release the church from any liability that might result from making such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered cause for denial of employment or discharge.

Signature:________________________________________ Date:___________________________
APPENDIX C

DOCUMENTATION OF REFERENCE CHECK
DOCUMENTATION OF REFERENCE CHECK

Applicant Name:________________________________________________________________________

Reference Name:________________________________________________________________________

Date of Contact:_____________________________________

Method of Contact Information:

☐ Telephone:____________________________________

☐ Email:_______________________________________

☐ Other:_______________________________________

Reference Check Type (check one):

☐ Former Employer

☐ Personal

☐ Former Volunteer

☐ Other Organization (please specify):_____________________________________________________

How long have you known the applicant? Under what circumstances:

What is your knowledge of this person’s work with children/youth?

How would you describe this person’s manner of interacting with children/youth?

Based on your observation, is this person reliable and dependable?
Would you feel comfortable with this person being alone with a small group of children/youth for a period of time? Why or why not?

Do you have any concerns we should know about regarding this person’s ability to work with children/youth?

Where you ever made aware of circumstances in which this person’s care of children/youth was called into question or criticized? If yes, please describe the circumstances.

Were you ever made aware of any criminal or civil investigations or actions taken against this person? If yes, please describe the circumstances.

Do you recommend this person to work with children/youth? Why or why not?

Is this person eligible to work with your organization’s children/youth again in the future? If no, why not?

Additional notes or comments (continue on back of page if required):

Signed (person checking reference): ____________________________________________
Printed Name: ___________________________ Date: ___________________________