

Adult Screening Questionnaire & Covenant

www.JourneyWithChrist.org

In order to provide the safest environment for our youth at our events, all adult workers must complete sections 1-3 of this form and return it completed and signed to the Journey with Christ Registrar address listed below at least a month before the weekend you intend to work or the date of your last screening, whichever is later. This form must be filled out every two years. The results of this form are kept in strict confidence.

▼ 1. Background Check

REQUEST

Please provide a Criminal History on the individual named below.

Last Name: _____ First Name: _____ Middle Name: _____

Alias Name (Include Maiden/prior Married Names): _____ Date of Birth: _____ Sex: _____

SSN (Optional): _____ Driver's License Number/State: _____

State of Residence _____ Race: _____

WAIVER

I hereby give permission for the requester, Journey with Christ, to receive any information maintained by the Washington Access to Criminal History, or equivalent process for these states: Idaho Oregon Washington Other: _____

Applicant's Signature: _____ Date: _____

The signature date must be within 90 days of the submission

▼ 2. Covenant

- 1) "I will seek to honor Jesus Christ through my attitudes, words, and actions"
- 2) "I agree to live by the understanding that it is my responsibility to avoid sexual contact with anyone during the Journey with Christ weekend."

▼ 3. Screening Questionnaire

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any crime against children or other persons?	<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted or released from incarceration for a conviction of the possession, use or sale of drugs within the last 7 years?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have abused any minor?	<input type="checkbox"/>	<input type="checkbox"/>	Within the last 30 days have you abused alcohol, legal or illegal drugs?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been found by a court proceeding to have sexually abused or exploited any minor or to have abused any minor?	<input type="checkbox"/>	<input type="checkbox"/>	Has your driver's license been suspended or revoked within the last 7 years?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of crimes relation to financial exploitation where the victim was a vulnerable adult?	<input type="checkbox"/>	<input type="checkbox"/>	Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of youth?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been found by a court proceeding to have abused or financially exploited a vulnerable adult?	Provide an explanation to all yes answers to the above questions on back of sheet.		
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been found by a business/professional licensing/ disciplining board to have sexually, physically abused, or exploited any minor, developmentally disabled person, or vulnerable adult?			
			I agree to abide by the Covenant statements listed and have answered the Questionnaire truthfully.		

Applicant's Signature: _____ Date: _____

▼ 4. Mail Completed Form with Payment

Journey with Christ, Registrar
4614 Snowy Owl Court, West Richland, WA 99353-9585
Phone Number: (509) 967-9604

▼ 5. To be completed by Journey with Christ

Address of Requester (Results mailed to this address)	Requesting Agency
Journey with Christ 4614 Snowy Owl Court, West Richland, WA 99353-9585	Journey with Christ

Results of Record Search

Record Attached No Record Found BCI Initials: _____ Date: _____