

Sample email that is sent to potential Volunteer:

Jill,

Looking forward to serving with you!

Thank you for your cooperation in completing/renewing your Willow Creek Volunteer Application documents. Below you will find the link to the automated process. This application is required for all volunteer roles at Willow Creek Community Church. The personalized link is specific to you and should not be forwarded to other people who are interested in volunteering.

Please click the link [to begin your application](#) and note that it will expire if you do not complete the application in its entirety in a timely manner. If you have to leave the application for any reason, this link will bring you back to where you left off in the process.

If you are no longer interested in volunteering at Willow Creek, you can click [here](#) to be removed from all future communications.

-Neil

If you have any questions, please contact Neil Charlet:
ncharlet@willowcreek.org

Application Questions

General Information:

Volunteer Application

Legal First Name *

Middle Name

Last Name *

Suffix

Jill

Volunteer

Preferred First Name ⓘ

Previous / Maiden Name(s)

Home Address *

United States

67 Algonquin Rd

Address Line 2

South Barrington

Illinois


60010-6143


Please list all counties & states that you have lived in during the past ten years. ⓘ *


Email Address *

Mobile Phone

Home Phone

 neilcharlet@gmail.com





Birth Date *

Gender *

/ /

☐ Male

☒ Female

Marital Status *

Do you have children? *

☐ Yes ☐ No

Do you have a legal guardian? *

☐ Yes ☐ No

Do you attend Willow Creek Community Church? *

When did you begin attending Willow Creek Community Church? *

☒ Yes ☐ No

Mar

 /

27

 /

2020

Please indicate if you have any history of addiction to the following:

Pornography *

☐ Last 12 Months

☐ Past

☐ Never

Alcohol *

☐ Last 12 Months

☐ Past

☐ Never

Drugs (illegal or prescription) *

☐ Last 12 Months

☐ Past

☐ Never

Have you ever looked at pornography featuring minors? *

☐ Yes ☐ No

Have you ever been the subject of a DCFS investigation that was indicated (evidence was found to indicate abuse/neglect), or are you currently under investigation by DCFS? ⓘ *

☐ Yes ☐ No

Have you ever had an order of protection filed against you? *

☐ Yes ☐ No

Have you ever committed any act involving the physical, sexual, OR emotional harm of another person (examples include battery, rape, neglect, etc.)? *

☐ Yes ☐ No

Have you ever been accused of any act involving the physical, sexual, OR emotional harm of another person (examples include battery, rape, neglect, etc.)? *

☐ Yes ☐ No

Have you ever had any kind of a relationship with a minor or vulnerable adult that has brought sexual gratification to yourself? ⓘ *

☐ Yes ☐ No

Have you ever left or been asked to leave a role within an organization due to a concern regarding inappropriate conduct? *

☐ Yes ☐ No

Release of Information

Thank you for taking the time to fill out this application and for helping us to create a safe atmosphere at Willow Creek.

Please Affirm: *

☐ The information contained in this application is correct to the best of my knowledge.

Please Affirm: *

☐ I authorize the release of the information contained in this application, on a confidential, need-to-know basis, to any ministry at Willow Creek Community Church in which I seek a position (volunteer or for compensation).

Save & Continue

Background Check:

Background Check

Applicant's Social Security Number *

...

-

..

-

5555

Verify Applicant's Social Security Number *

...

-

..

-

5555

By typing my name below, I authorize Willow Creek Community Church and its authorized agents to obtain/prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of A Summary of Your Rights under the Fair Credit Reporting Act (below) and verify that I have read it.

SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

In connection with my Protection application for Willow Creek Community Church, I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Willow Creek for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581.

For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Applicant's Signature ⓘ *

Jill Volunteer

Save & Continue

References:

Submit References

Please supply three (3) references who all:

- ARE 18 or older
- Are NOT a relative (cannot be spouse, fiancé, in-laws, step family, or be otherwise related to you in any way)
- Have known you for over a year
- Have definite knowledge of your character

If you do not know your reference's email address, please contact them to retrieve this information before beginning the application. If your reference does not have an email address, please use a different reference. Using an incorrect email address, or listing a reference who does not meet the above criteria, will delay the process.

Reference #1

First Name *

Last Name *

Email *

Nature of Association *

Reference #2

First Name *

Last Name *

Email *

Nature of Association *

Reference #3

First Name *

Last Name *

Email *

Nature of Association *

Please contact your three references right away to ensure that they have received the reference email and complete your reference request.

Save & Continue

Policy Acknowledgement:

The Three Harms

Policy Acknowledgement

Introduction

Thank you for your interest in volunteering at Willow Creek Community Church! Over the next few minutes you will be introduced to Willow Creek's most important policies and procedures regarding interactions with minors and vulnerable adults, and with other volunteers and staff. As a volunteer at Willow Creek, you will be responsible for knowing, understanding, and abiding by these policies. For more information regarding any of these policies, you can consult the Protection Policy Manual, which you can ask your ministry staff leader to see.

The Three Harms

When talking about protecting minors and vulnerable adults from abuse at Willow Creek, the phrase used most often is "the three harms." As a volunteer you need to be aware of the following harms-past, present, or future:

1. Harming self—includes suicidal thoughts, self-injury, eating disorders, reckless sexual activity, abuse of drugs/alcohol, truancy, and run-away behavior
2. Harming others—includes homicidal thoughts or threats, assault or battery, destruction of property or theft, abusive behavior toward others, and neglect
3. Being harmed—includes being neglected, sexual abuse, physical abuse, emotional abuse, and spiritual abuse

*Keep in mind: You should watch for indications of the three harms exhibited by the minors/vulnerable adults in your ministry, but also for indications of the three harms by other staff and/or volunteers.

What do you think? If a minor or vulnerable adult tells you about a harm, which of the following actions should you take (as opposed to promising you won't tell anyone)? *

- ☐ Take him/her seriously
- ☐ Tell the minor/vulnerable adult that you may need to tell someone (as opposed to promising you won't tell anyone)
- ☐ Ensure the immediate safety of the minor/vulnerable adult
- ☐ Report the suspected harm to your supervisor immediately
- ☐ All of the above

Next

Mandated Reporting:

Mandated Reporting

The Elder Board of Willow Creek Community Church mandates that all staff and all volunteers report any suspicion of (1) abuse, (2) neglect, and (3) exploitation of minors or vulnerable adults as required by Illinois law. This requirement means that volunteers must report any such suspicion **immediately** to their ministry leader and in accordance with DCFS' guidelines provided in the Mandated Reporter Training that each volunteer must complete.

True or False: You should wait two weeks before telling your ministry leader that a student has been touched inappropriately by her uncle. *

- ☐ True
☐ False

Two-Adult Rule:

The Two-Adult Rule

Two unrelated adults (anyone 18 or older who is not a vulnerable adult) **MUST** be present and within sight of one another, whenever they are interacting with minors and/or vulnerable adults at Willow Creek-endorsed events. No one should ever be alone with a minor/vulnerable adult, but especially be aware of areas or circumstances where isolation is possible, such as breakout rooms, bathrooms, pick-up/drop-off areas, offices, and cars. Plan ahead to avoid violating this rule by accidentally ending up alone with a child or vulnerable adult!

This can be tricky when minors/vulnerable adults require bathroom assistance. Never be alone with a minor or vulnerable adult in the bathroom, regardless of age. If assistance is required, another adult must be present (this applies to changing diapers as well). Refer to staff for more specific guidelines for your particular age group.

Another instance where this rule is particularly relevant is when driving students to or from Willow Creek-related activities such as Elevate services or Student Impact house groups. You should never drive a student who is in grade 5 or younger. If you are leading junior high/high school students we understand that there are circumstances when you might need to drive a student. It is our strong recommendation that you should **ALWAYS** avoid driving students alone. If two adults are not available, the leader should have two or more students in the vehicle. If you must drive a student alone they must be the same gender as the leader and you must seek parent approval before driving the student.

You are a high school male leader and a female student asks you for a ride to a Student Impact event, such as house groups. Which of the following would NOT be in line with Willow's guidelines regarding the Two-Adult Rule? *

- ☐ You ask another leader to ride with you.
☐ You give the student a ride without anyone else being in the car.
☐ You ask another student to ride with you two.
☒ You ask another female leader to get parental permission and have the student drive with her instead of with you.

The Two-Adult Rule

You are a high school male leader and a female student asks you for a ride to a Student Impact event, such as house groups. Which of the following would NOT be in line with Willow's guidelines, regarding the Two-Adult Rule?*

Your response is in line with Willow's policy. Although our strong recommendation is to avoid driving students alone, if there are two or more students in the car then we allow this exception to the Two-Adult Rule. If a leader wants to drive a same-gender student alone, he or she must first obtain verbal permission from the student's parent. Even with parent permission, a leader is never to drive a student of the opposite gender alone.

Physical Touch:

Physical Touch

As a general rule, you should never touch a student in a way that may be misconstrued as inappropriate or sexual by another student or adult.

Hugs must be physically appropriate, be mutual, and should ideally be initiated by the minor/vulnerable adult. In addition, hugs can be refused by either you or the minor/vulnerable adult, and the refusal should be readily honored.

Lap sitting is only appropriate at Willow Creek for infants through preschoolers. Never allow a child to sit in the center of your lap—if a young child climbs onto your lap, pick them up by the waist and position them so that they are sitting on your knee.

True or False: If a kindergartner takes the initiative to sit on your lap, you can allow him/her to stay there. *

☐ True

☐ False

Communication:

Communication

Communicating with students outside of ministry time is a great way to strengthen your relationships with them and also to build healthy trust, particularly with teens. Children in preschool or younger, however, should not be contacted outside of ministry time. A leader must follow all communication guidelines specific to their ministry.

Select the age group(s) you will be interacting with and consult with your ministry leader for more specific information. *

☐ Infants-Preschool

☐ Kindergarten-grade 5

☐ Grades 6-8 (Elevate)

☐ Grades 9-12 (Student Impact)

☐ Special Friends (adults only)

☐ Not working regularly with minors/vulnerable adults

Harassment & Discrimination:

Harassment & Discrimination

HARASSMENT

Willow Creek does not tolerate verbal or physical conduct relating to an individual's sex, race, color, pregnancy, ancestry, national origin, age, disability, citizenship, veteran or military status, or any other characteristic protected by law, when this conduct: (a) has the purpose or effect of creating an intimidating, hostile or offensive environment; or (b) otherwise adversely affects an individual's ability to serve. Some examples of prohibited conduct include:

- Patterns of behavior or consistent comments that include slurs, jokes, cartoons, stereotypes, statements, etc. based upon sex, sexual orientation, race, color, religion, national origin, age or disability that denigrate, insult, or ridicule.
- Misusing Scripture to coerce, control, manipulate or pressure a volunteer or staff member into engaging in inappropriate, unethical, or immoral behavior.

Good healthy accountability and performance management does not constitute harassment.

SEXUAL HARASSMENT

Additionally, Willow Creek does not tolerate staff or volunteers engaging in unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. Some examples of prohibited behavior include, but are not limited to:

- Grooming behaviors designed to overcome another person's defenses by slowly desensitizing his/her natural responses to abusive behaviors (this may include giving or assigning unique projects or giving gifts in order to create a special relationship in which abuse would eventually be perceived as less inappropriate).
- Sexual advances, propositions, touching, physical assault, requests for sexual activity, and/or patterns of behavior and consistent sexually explicit conversation, sexually suggestive gestures, sexual jokes, sexually explicit or suggestive objects or pictures, or references to a person's body parts.
- Sexual or other unlawful harassment through electronic means, such as offensive emails, text messages, social media postings and messages, etc., is also prohibited by this policy.

REPORTING PROCESS

Any volunteer who believes that they are the victim of discrimination, harassment, retaliation, or misconduct and ethical violations such as misuse of power or authority for personal gain, bullying, misappropriation of assets or fraud of any sort, or have observed/been made aware of misconduct or unethical behavior of this type should immediately: 1) if they are safe and feel comfortable doing so, clearly and directly communicate to the offending individual that his/her conduct is unwelcome, and request that the offending behavior stop; and (2) report such concerns to their staff ministry leader. If the ministry leader is the offender, the volunteer may share their concern with any person on staff with whom they feel comfortable.

To avoid any possible misunderstanding, which can occur where matters are reported verbally only, we encourage the volunteer to put their complaint in writing as soon as possible even if it is originally raised verbally, so that there is an accurate and complete record of the complaint. Once the complaint has been made, the staff member the volunteer told of the complaint will advise the Biblical Oversight and Support Department, and the Pastoral Protection Team will investigate the complaint as promptly and thoroughly as possible.

To the greatest extent possible, confidentiality will be maintained for all volunteers who report incidents. We recognize the sensitivity regarding these kinds of claims and therefore, all such matters will be treated with the utmost discretion and sensitivity.

You are volunteering at Willow Creek and for the last couple of weeks, you have overheard a volunteer making jokes that make you uncomfortable. They are sexual in nature and sometimes they make fun of people of other ethnicities. What is one thing you could do to handle this situation under Willow's guidelines regarding harassment? *

- ☐ You just let it go and hope it stops.
- ☐ You share what you've heard with other volunteers.
- ☐ You tell your staff ministry leader right away.

Pandemic Hold Harmless Release:

Pandemic Hold Harmless Release Form (ADULT)

First Name *

Jill

Last Name *

Volunteer

Birthday *

May

/

13

/

1967

Email *

neilcharlet@gmail.com

Mobile *

(224) 633-6336

☒ I would like to receive SMS communications from Willow Creek Community Church.

Which Campus do you attend?

Campus *

South Barrington

Next

GENERAL RELEASE – PANDEMIC – ADULT

Participant's Name

Jill

Address

Volunteer

City

South Barrington

Zip

60010

Home Phone

555-555-5555

Emergency Contact Name

Lary Volunteer

Emergency Phone

444-444-4444

Activity

Serving

Date(s) of Activity

Ongoing

The undersigned desires to participate in various programs, events or activities listed above (hereinafter collectively referred to as the "Activities") sponsored by Willow Creek Community Church (the "Church").

I understand that I may become sick as a result of the COVID-19 pandemic while participating in the Activities. I understand that the Church's insurance, including health insurance, does not pay for illness, losses or expenses that are related to a pandemic, and that I am not eligible for the Church's workers compensation insurance coverage. I understand that the Church would not allow me to participate in the Activities without releasing and holding the Church harmless from any liability arising out of pandemic related illness or loss.

I REQUEST THAT THE CHURCH ALLOW ME TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF, AGREE TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY PANDEMIC RELATED ILLNESS OR LOSS. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL PANDEMIC RELATED ILLNESS OR LOSS WHICH I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

Signed:

Page 1 of 1

1

GENERAL RELEASE - PANDEMIC - ADULT

Participant's Name: Jill

Address: Volunteer

City: South Barrington Zip: 60010 Home Phone: 555-555-5555

Emergency Contact Name: Lary Volunteer Emergency Phone: 444-444-4444

Activity: Serving Date(s) of Activity: Ongoing

The undersigned desires to participate in various programs, events or activities listed above (hereinafter collectively referred to as the "Activities") sponsored by Willow Creek Community Church (the "Church").

I understand that I may become sick as a result of the COVID-19 pandemic while participating in the Activities. I understand that the Church's insurance, including health insurance, does not pay for illness, losses or expenses that are related to a pandemic, and that I am not eligible for the Church's workers compensation insurance coverage. I understand that the Church would not allow me to participate in the Activities without releasing and holding the Church harmless from any liability arising out of pandemic related illness or loss.

I REQUEST THAT THE CHURCH ALLOW ME TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF, AGREE TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, COSTS OR EXPENSES OF ANY KIND GROWING OUT OF OR RELATED TO ANY PANDEMIC RELATED ILLNESS OR LOSS. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL PANDEMIC RELATED ILLNESS OR LOSS WHICH I MAY SUSTAIN AS A RESULT OF MY PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF.

Signed:

Previous

Mandated Reporter:

Before you continue, you must have completed the DCFS Mandated Reporter Training and submitted your Certificate of Completion. If you have not yet completed that training, visit wcreek.cc/volmandatetraining for instructions and return to complete this form when you are finished.

Next

Acknowledgement *

- ☐ I affirm that I have completed the DCFS training required of me as a mandated reporter. I understand that I will need to complete this training again in 3 years if I am still working or volunteering at Willow Creek Community Church.

When did you complete the training? *



How will you submit your certificate of completion? *

- ☐ I have my certificate ready to upload now
- ☐ I have given my certificate to my ministry leader
- ☐ I have completed this training in connection with my job or other volunteering responsibilities and don't have a certificate

PLEASE READ

I understand that when I am employed as a volunteer at Willow Creek Community Church, I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled Recognizing and Reporting Child Abuse: Training for Mandated Reporters, available 24 hours a day, seven days a week.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under, but not limited to, the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS *

- ☐ I affirm that I have read this statement and have knowledge and understanding of the reporting requirements which apply to me under the Abused and Neglected Child Reporting Act.

Initial here: *

Previous

Next

Success!

Thank you for your application!

We recognize that this is a very thorough and time-intensive process, so thank you for taking the time to complete it. Your ministry will be in contact with you about any next steps/follow-up.

If you would like to explain any information you provided in more depth or if you have any questions, feel free to contact the Protection Department directly.

protection@willowcreek.org

224-512-1920

Sample email that the Reference receives:



Dear Tim,

You are receiving this email because Jill Volunteer has applied for a volunteer role at Willow Creek Community Church and has listed you as a reference on their application. We are so grateful that you are willing to assist us in this important task of screening our volunteers. It is our desire to create a safe and welcoming atmosphere for all who walk through our doors, and the applicant will be representing Willow Creek and its values to everyone whom they encounter while volunteering with us.

Keeping that in mind, please take a few minutes to answer a brief questionnaire which will help us determine if Jill is a good fit for the role for which they've applied. By clicking the link below, you are verifying that you are Tim Volunteer.

Please click the link to [begin the reference check](#).

If you have any questions, please contact Neil Charlet at ncharlet@willowcreek.org

Reference Questions:

Reference for Jill Volunteer

Legal First Name *

Tim

Last Name *

Volunteer

What is the nature of your relationship with Jill? *

Friend

Have you known Jill more than one year? *

☒ Yes ☐ No

Are you 18 or older? *

☒ Yes ☐ No

Continue

Is Jill able to maintain meaningful peer relationships (not including family)? *

☐ Yes ☐ No

Have you ever been concerned with Jill's ability to respect healthy relational boundaries? *

☐ Yes ☐ No

Does Jill have any criminal offenses that you are aware of? *

☐ Yes ☐ No

Does Jill have any patterns of behavior that you perceive as deceitful or manipulative? *

☐ Yes ☐ No

Are you aware of any act by Jill involving the physical, sexual, or emotional harm of another person (including, but not limited to, sexual abuse, Order of Protection, neglect, exploitation, battery, DCFS investigation etc.)? *

☐ Yes ☐ No

If you have or were to have children, would you trust Jill to care for them? *

☐ Yes ☐ No

Would you recommend Jill as a volunteer? *

☐ Yes ☐ No ☐ It Depends

By typing my first and last name below, I affirm that the information in this reference is accurate and truthful, to the best of my knowledge. ⓘ *

Submit

Thank you for taking the time to complete this reference. Your input helps us create a welcoming and safe environment at Willow Creek!

If you would like to explain any information you provided in more depth, feel free to contact the Protection Department.

protection@willowcreek.org

224-512-1920