

TWIN PINES MOLESTATION AND ABUSE REFERENCE FORM - 2009

In light of the increasing problem of child abuse nationwide, and, in light of the fact that much of our ministry is geared to youth, we must ask every person desiring to serve in any position at Twin Pines to complete the following information. This completed form must be returned to Twin Pines at least one month prior to serving in any position at Twin Pines.

NAME _____ BIRTHDATE _____
ADDRESS _____
TELEPHONE _____ EMAIL: _____
CHURCH AFFILIATION _____

~ ~ ~ QUESTIONS ~ ~ ~

Have you ever been accused, questioned or otherwise interrogated because of allegations of misconduct in the areas of physical or sexual abuse or molestation of anyone? YES NO

Have you ever been tried or convicted of physical or sexual abuse or molestation and exploitation of anyone? YES NO

Are you currently under investigation, or awaiting trial or conviction, on charges of physical or sexual abuse or molestation and exploitation of anyone? YES NO

Were you ever a victim of abuse or molestation? YES NO

Have you ever engaged in physical or sexual abuse or molestation or exploitation of anyone? YES NO

If you have answered "YES" to any of the questions above, please use the space provided below to give a detailed explanation (if you need more space, use the back of this form):

In the spaces provided below, please give us (1) your pastor's name, telephone number, and complete mailing address, and (2) the names, telephone numbers, and complete mailing addresses of two (2) adults (**no relatives, please**) who have observed you in relationships with children and youth. If you are a pastor, give us the name and phone number of a member of your official board.

PASTOR _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

By my signature below, I attest that the information I have provided is true and factual as of the date of this submission. I also hereby give Twin Pines permission to contact and obtain information from all references and to otherwise verify the accuracy of the information contained on this form. I hereby release from liability Twin Pines and its representatives and indemnify them against any claim or costs, for seeking, gathering, and using such information and all other persons, corporations, or organizations providing requested information.

SIGNATURE _____ DATE _____