

Last Name \_\_\_\_\_ Congregation \_\_\_\_\_

LWM7



# Living Water Ministries

## Staff Member Screening Policy

**THIS FORM IS TO BE COMPLETED BY EACH PASTOR/ADULT SPONSOR ACCOMPANYING CAMPERS TO CAMP. IT MUST BE RETURNED TO LIVING WATER MINISTRIES OFFICE BY JUNE 1<sup>ST</sup>, 2009.**

The State of Michigan, in the Division of Child Welfare Licensing, Children's Camps documentation, define "Staff member" as a paid employee *or volunteer* who has responsibility for the direct personal care, guidance or supervision of campers.

In order to provide the maximum protection for our campers, and to protect the camp against possible liability, the following policy was adopted by the Board of Directors of Living Water Ministries in the spring of 1988.

**It shall be the policy of Living Water Ministries to screen all adult staff, both paid and volunteers, for criminal history information. This will be done by having the applicants screened through the Central Records Division of the Michigan State Police.**

**This will automatically apply to all adults who have passed the point of being a full time student. Full time students will be screened as deemed necessary. The reason for this difference, as discussed with the State of Michigan, is that students are of an age where they probably would not have generated a record as anything prior to age 18 would not be on file.**

As the pastor or lay leader for your church, the term "staff member" applies to you while you are at camp. Therefore it is necessary for you to complete the following form and return it to the Living Water Ministries office **IN ADVANCE** of attending camp so that the record check can be processed and completed prior to camp.

**Criminal History File Search Authorization**  
**All information must be furnished, printed and readable.**

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_

Camp\* \_\_\_\_\_ Week\* \_\_\_\_\_

Church\* \_\_\_\_\_

I understand that the above information is required by the Central Records Division of the Michigan State Police. I authorize Living Water Ministries to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signature \_\_\_\_\_

Date \_\_\_\_\_