

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

LWM 45



# The Gathering

Experience Christ's love and grace

## Screening Policy

**THIS FORM IS TO BE COMPLETED BY EACH ADULT ATTENDING MICHIGAN GATHERING. IT MUST BE RETURNED TO LIVING WATER MINISTRIES OFFICE BY DECEMBER 10<sup>th</sup>.**

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.

Living Water Ministries will conduct background checks at least once per calendar year on all employees classes 1-8 or any person over the age of 18 attending a Living Water Ministries youth or child program. Background checks will include documentation from Michigan State Police of any criminal history and documentation from the Michigan Department of Human Services that the individual has not been determined to be a perpetrator of child abuse or child neglect. Additional background checks including Credit Checks and driving motor vehicle history may be used when required. Additionally if any person being checked has resided outside of the state of Michigan in the previous 5 years LWM will conduct a national search for criminal history.

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 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 \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

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

Birth date \_\_\_\_\_ Ethnic Background \_\_\_\_\_ Gender \_\_\_\_\_

Church \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_