

Adventist Child Protection Screening

Click here for a detailed video on the registration process

Step 1: Go to www.ncsrisk.org/adventist and click on the first-time registrant button

Step 2: Select the **State** in which your Conference is located. (**MICHIGAN**)

Step 3: Select your **Conference**. (**MICHIGAN CONFERENCE**)

Step 4: Create a user ID and a password you can easily remember. It's recommended to use your email address for your user names.



PLEASE create a user ID and password that you will use to access your account

Remember: names like 'John' and 'Jane' are not good choices as they are most likely already in use. Choose something like 'john123' and 'jane456' on the basis of creating the user ID. We suggest using your full name (initials and last name) as they are more likely to be unique.

Create a User ID:

Create a Password:

You must be at least 18 years old. The registration that you use will never expire unless you are asked to renew and reauthorize. Your information will be kept for at least 1 year after you stop using the system.

Any information must be in your 2 documents only.

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ONLY THOSE 18 YEARS & OLDER ARE REQUIRED TO COMPLETE THIS TRAINING AND BACKGROUND CHECK.

PLEASE NOTE: INTERNET EXPLORER IS NOT COMPATIBLE WITH THIS ONLINE TRAINING PROGRAM.

Step 5: Please provide the information requested on the screen. (Note: Do not click the back button or your registration will be lost).

Step 6: Select your **primary location** where you work or volunteer and click continue. If you're a candidate or volunteer in another location, please select 'Yes' and then select the location.



PLEASE select the primary location where you **work** or **volunteer**.

Primary location:

Please select:

If you are associated with multiple locations, please choose the primary (work/volunteer) first. Please note: the dropdown button to change additional locations such as the above will not be available.

FOR STEPS 6 & 7:
LOCATION & ROLE MUST BE SELECTED OR TRAININGS AND BACKGROUND CHECK WILL NOT BE TRIGGERED. PLEASE PICK THE ONE THAT FITS THE BEST.

Step 7: Select your **role(s)** within the organization (multiple may be selected).

Step 8: Click on the green circle to begin the online training.



Training

Online Training Modules

- Child Protective Online Awareness Session
- Child Abuse Reporting
- Child Abuse Prevention
- Child Abuse Investigation

Additional Details:

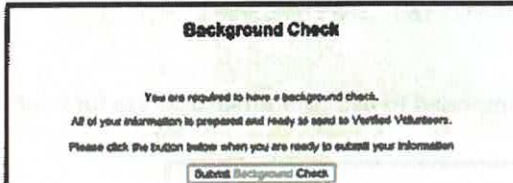
Once the online training and the submission of your background check is completed, you can login to your account and click on 'My Report' to view your online training, retrieve a certificate, and view your background check completion date. You can also access 'Update My Account' to update your personal information.

Step 9: Please read the instructions regarding the details of the online training and then proceed. Select 'Click Here' to begin the online training (Note: Training can take up to one hour).

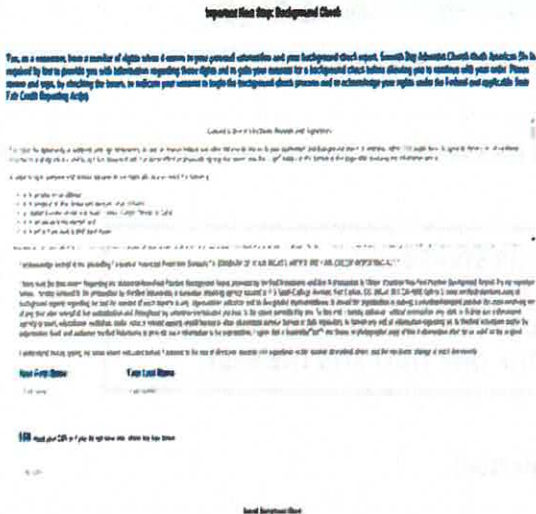
Option 3

Click here for a detailed video on the registration process

Step 10: Upon completion of your online training, you will be instructed to complete your background check. Please complete the steps within the background check process (Note: The background check will only take 5-10 minutes).



Step 11: From there, you should be automatically routed to a page with the consent form to be read and some information to be filled out, which will look like this: (depending on the background check package associated with your role)



Additional Background Check Information:

- Enter your full LEGAL name – Not an alias or nick name
- You will be giving consent to run the background check on Step 3
- The Fair Credit Reporting Act governs all background checks – We are NOT checking your credit report. Use of the word “credit” references the law. You can print a copy of that consent form.

Step 12: Review and complete the consent form

***** On the digital signature portion, kindly make sure to enter the same name format that you have entered initially on the Registration Process as the system is made to be very case sensitive.**

Step 13: Confirm the information is correct and click submit. Once the background check has been successfully processed you will be notified via email.

Option 3

Questions? Please contact us via email at AdventistSupport@verifiedvolunteers.com or 1-855-326-1860 (toll free)



Adventist Education

A JOURNEY TO EXCELLENCE

**Driver
Information
Form**

1. For drivers transporting students, other than their own children, for school-related events this form must be completed and submitted to the school board, along with a copy of the driver's license and a copy of the vehicle insurance coverage.
2. Students can be transported in cars, vans (up to 10 passengers, including the driver), public transportation, or yellow and black school buses which have met state inspection requirements. All drivers, except for public transportation, must be school board approved.
3. No vehicle may be used to transport students with less than 100/300,000 limit of liability.

PLEASE COMPLETE ALL BLANKS

Driver (print) _____ Birth Date _____
Last First Middle Mo/Day/Year

Driver's License# _____ State Licensed In _____

In what other state have you had a Driver's License during the past 3 years _____

Name of school you will be driving for _____

Number of years driving experience _____

Number of miles driven annually _____

Please list all citations and any accidents in the last three years. Give the dates, details and location of each citation and/or accident.

Driver's Signature

Date

VOLUNTEER DATA SHEET FOR EDUCATION DEPARTMENT

For Office Use Only Date Approved _____ By _____ Work Assignment _____

MICHIGAN CONFERENCE OF SEVENTH-DAY ADVENTISTS

Name _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Church _____

Section I (Health History)

Do you now have or have you had any injury/sickness that might limit your ability to carry out your assignment?
____ Yes ____ No If yes, how would it hinder? _____

Section II (Education)

Highest degree or diploma held _____ Year received _____

School granting degree or diploma _____

College major(s) and minor(s) _____

Section III (Vehicle/Driver Information)

Volunteers driving students will need to complete the Driver Information Form.

Section IV (Experience)

List all experience (Adventurers, Pathfinders, Scouting, Sabbath School, etc.) that might qualify you for classroom leadership.

Position/Type of Work	Church/Organization	Date of Service
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Section V (References)

Please list below three individuals (not related to you) who know you well enough to recommend you to serve as a school volunteer leader. Examples: pastor, teacher, local church officer/member

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Section VI (Unlawful Conduct)

Have you ever been convicted of a crime or listed on a Central Registry of felons or abusers? _____ Yes _____ No
If yes, please give the following information.

Date _____ Place _____

If yes, please describe: _____

Have you ever been charged with child abuse or sexual misconduct involving children or listed on a Central Registry regarding such offenses? _____ Yes _____ No

If yes, please give the following information.

Date _____ Place _____

If yes, please describe: _____

The above section has been included in this form to provide information to the Michigan Conference to assist in the protection of our children. Information provided in this section may generate further inquiries regarding these issues, but the information will be kept confidential and will be seen by a very few individuals on a need-to-know basis. **If either question in Section VI is answered with a "yes", the form will be submitted to the Michigan Conference Department of Education for further review.** We regret having to include a section on unlawful conduct; however, it is necessary to protect children, parents, volunteers and the church itself. A copy of the Michigan Conference Child Protection Policy which was voted by the Michigan Conference Executive Committee on March 23, 2004, must be signed.

Section VII (Statement of Accuracy)

The above information is accurate to the best of my recollection. I understand this is a strictly "volunteer" position and I will receive no remuneration (including denominational service credits, fringe benefits, or worker's compensation for services and time volunteered.

_____ Date

_____ Printed Name

_____ Signature

NOTES:

1. Please make sure you have checked the appropriate boxes in Section VI and signed your name in Section VII.
2. If the principal recommends the applicant, information in Section I through V will be copied and given to the classroom teacher(s). If the applicant has not been approved, none of the information will be forwarded.
3. When a classroom teacher requests the services of a volunteer, the principal is not to release specific information and may respond only with "recommended," "not recommended," or "recommended with conditions noted."
4. All information on this application will become a permanent record and should include updates. In the event of accusations against the applicant, opportunity should be given for response by the accused. This response also becomes part of the record.