

KAIROS OUTSIDE



Childcare Policy

The goal of Kairos Outside is to provide a safe community where women are freed from the effects of incarceration. In this pursuit, we are setting for the following policy for childcare at Reunions. In the event children split off from their caretaker, the following are to be followed:

- There are always to be at least 2 adult volunteers present in the room for the children. There should be 2 adult volunteers for every 10 children. These volunteers cannot be from the same family and must be the opposite sex of each other. If a married couple serves, there must at least one other volunteer not related to the married couple.
- If using a room, the door is to remain open unless there is a window in the door.
- No volunteer is to ever be alone, 1 on 1 with a child.
- If a child wants to return to their caregiver, they are to be allowed to do so.
- If a child has to use the restroom and needs assistance or is a baby and needs a diaper change, they are to be taken to their caregiver.
- If food and drink are served while the child is under the care of Kairos volunteers, the caregiver needs to provide any food or drink allergy information on the registration form.
- Each caregiver must fill in an emergency contact for the child(ren) under the care of Kairos volunteers in case something happens to the caregiver.
- Volunteers watching children are to be 18 years old or above and have completed a background check through KPMI every 3 years. The Continuing Ministry Coordinator will check on mykairos.org for those approved through the background check and will be responsible to keep a list of those approved to ensure they are available for every event where children will be watched.
- When a child is brought to the area where they will stay with Kairos volunteers, the below form is to be used to gather the basic information to keep the child and caregiver safe.

Approved April 2022 by Kairos Board of Directors



KAIROS OUTSIDE

CLEARANCE PROCEDURES

KAIROS PRISON MINISTRY INTERNATIONAL, INC.

- (1) The Kairos Prison Ministry International, Inc. office will request a professional background screening service, to use the authorization form for a background check of the following items:
 - A. Social Security number and identity confirmation.
 - B. National criminal file
 - C. Sexual offender search
 - D. County criminal search
 - E. Motor Vehicle Record (where available)

- (2) The volunteer applicant is required to obtain and submit the following information to the Kairos Prison Ministry International office.
 - A. Letter of recommendation from the volunteer's pastor/minister
 - B. Letter of recommendation from an employer or past employer
 - C. Letter of recommendation from another responsible person
 - D. Copy of volunteer's driver license, birth certificate, or passport (any 1 of these)
 - E. A signed volunteer application and authorization giving Kairos Prison Ministry International, Inc. the authority/permission to obtain a copy, if any, of the volunteer's arrest and/or criminal records.

- (3) The Volunteer Select Authorization and Consent Form and the documents in (2) should be sent to Kairos Prison Ministry International, Inc. so that authorized personnel may obtain the required information to approve or deny the volunteer's application. These materials should be accompanied with a check for \$25.00 made payable to Kairos Prison Ministry.

- (4) The failure to provide any of the above requested information may result in a denial of the volunteer's application.

- (5) Kairos Outside Volunteers working with children are to resubmit screening packets every three years. Every team list will be reviewed upon submission with reapplication and payment required as needed.

All information provided to the Kairos Prison Ministry International, Inc. office will be stored in a secured, locked file cabinet. Only authorized personnel will be allowed to view information. Findings will not be provided to any other organization except as required by State or Federal law. Kairos Prison Ministry International, Inc., in its discretion, may also require fingerprints or other follow up information.

KAIROS Prison Ministry International, Inc.
 100 DeBary Plantation Blvd.
 DeBary, FL 32713-2201
 T: (407) 629-4948
www.mykairos.org



KAIROS OUTSIDE VOLUNTEER SCREENING

Last Name	First Name	Middle Initial	Nickname, If Any
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Have you gone by any other names? Yes No

If yes, what other names? _____

Female Male

Married? Yes No

Address	City	State	County	Zip
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Previous Address	City	State	County	Zip
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Emergency Contact	Phone Number	E-mail
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Kairos Outside Community (include City & State)

Advisory Council Chair

What is/are your:

Education/Training _____

Occupation _____

Other Job Experience _____

Name of Church You Attend _____

Address of Church _____

Name of Pastor/Minister _____

Three References

Your references should be people not related to you but who know your work and character. Please give the self-mailer reference form to your pastor/minister, employer, or past employer, and one other responsible person.

Name (**Pastor**) _____ Telephone _____

Address _____ City _____ State/Zip _____

Name (**Employer**) _____ Telephone _____

Address _____ City _____ State/Zip _____

Name (**Personal Friend**) _____ Telephone _____

Address _____ City _____ State/Zip _____

Identification

Date of Birth _____ Place of Birth _____

Driver's License Number _____ State of Issue _____

Social Security Number _____

KAIROS OUTSIDE SCREENING

I certify that all the information on this application is true and complete. I understand that falsification or significant omissions of any information may be justification for dismissal.

Signature

Date

I understand as a volunteer for Kairos Outside that Kairos Prison Ministry International, Inc. will perform a background check using a professional screening service, Various State and Federal Agencies and other resources to determine as best they can my suitability for this ministry. By applying to be a volunteer I agree, accept, and give permission for Kairos to perform whatever background check(s) Kairos feels is necessary to protect their ministry, the Kairos Outside Community and their children. I agree that being a Kairos Outside volunteer is a privilege not a right and my service as a volunteer may be revoked by Kairos at any time. I understand Kairos Outside is a Christian ministry working with women who have been affected by incarceration. I agree at all times to conduct my volunteer services with a high degree of personal and moral integrity consistent with traditional biblical principles.

SECTION B.

CRIMINAL BACKGROUND INFORMATION

Have you ever been arrested or convicted of a crime (other than a traffic violation)? _____ YES _____ NO

If yes, what City, State, County, and year? _____

For what reason? _____

What was the outcome (disposition) of the arrest? _____

Have you ever been convicted of a misdemeanor? _____ YES _____ NO

Have you ever been convicted of a felony? _____ YES _____ NO

If the answer to either of the above is yes, on a separate piece of paper, please explain the circumstances and disposition.

Have you ever been accused of an illegal sexual touching? _____ YES _____ NO

If the answer to either of the above is yes, on a separate piece of paper, please explain the circumstances and outcome (disposition) of the accusation.

SECTION C.

EMPLOYMENT INFORMATION

Are you currently employed? _____ YES _____ NO

Current or Former Employer _____

Address City State Zip

Supervisor Telephone

SECTION D.**AUTHORIZATION AND CONSENT**

During the application process and at any time during the tenure of my employment/service with KAIROS PRISON MINISTRY INTERNATIONAL INC., KAIROS OUTSIDE, I hereby authorize a professional screening service, on behalf of KAIROS OUTSIDE, to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant Signature

Date

MN & Oklahoma Residents please note: In connection with your application for employment/service, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

_____ YES, I am a Minnesota resident and would like a free copy of my consumer report.

_____ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: Under CA law, you have a right to receive a free copy of your report by checking the appropriate box below.

_____ YES, I am a California resident and would like a free copy of my investigative consumer report.

Return Application Materials To:
KAIROS Prison Ministry International, Inc.
100 DeBary Plantation Blvd.
DeBary, FL 32713-2201

Application Checklist:

- Volunteer Screening Form
- Authorization and Consent Form (Section D)
- Screening Results
- Three Reference Forms (May come separately)
- Copy of Driver's License, Birth Certificate or Passport
- Screening Fee (\$25.00)

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KAIROS OUTSIDE VOLUNTEER REFERENCE

Volunteer Applicant's Last Name _____ First Name _____ Nickname, If Any _____

Have you gone by any other names ____ YES ____ NO If yes, what other name(s)? _____

Volunteer Applicant's Address _____ City _____ State _____ Zip _____

Kairos Outside Community (including city and state) _____ Advisory Council Chair _____

To be filled out by personal reference 18 years old or older and not related to volunteer applicant.

Kairos Outside is a program that ministers to women affected by incarceration. Part of that program includes Reunions where the previous Guests and Volunteers of Kairos Outside and their families are invited to gather. During this time, they split into small groups for sharing. Kairos Outside Volunteers take the children aside for activities during this time. Volunteers working with the children are required to complete the adult screened process. This consists of a volunteer application and three volunteer reference inquiries.

This candidate has chosen you as a personal reference. Your assistance in furnishing Kairos Outside the information requested below is greatly appreciated. This information will be held in strict confidence; however, Kairos may use any appropriate reference information for documentation purposes when refusing to allow a volunteer to work in, or releasing a volunteer from, a position involving contact with children. Please return this inquiry within one week.

Please use this form. Answer every question, and if you need more space to answer a question please continue on back of form.

What is your relationship to candidate? Pastor Employer Personal

How long have you known this person? _____

Describe the candidate (personality, abilities, talents, etc.): (Please use another sheet for further comments)

Do you know of any limitations the candidate has?

To your knowledge, is he/she responsible, dependable, and reliable? If so, please give an example:

Are you aware of this person ever being involved in any criminal or abusive activities? Explain.
 (A positive response will not necessarily be cause for disqualification.)

Which of the following best describe your perception of this person? (Please circle all that apply.)

- | | | | | |
|----------------|---------------|-------------|---------------|----------------------------|
| Positive | Outgoing | Tolerant | Negative | Loses Interest in Projects |
| Impatient | Intolerant | Trustworthy | Assertive | Patient |
| Good Leader | Good Follower | Organized | Enthusiastic | Energetic |
| Over schedules | Aggressive | Mature | Easy to Anger | Get stressed easily |

Would you recommend this person to work with children? ____ Yes ____ No

Would you recommend this person as a volunteer? ____ Yes ____ No

Your Name (Please Print) _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

Child Registration

Child's Name: _____ Age: _____

Caregiver's Name: _____

Caregiver's Phone Number: _____

Child's Allergies: _____

Emergency Contact other than Caregiver:

Name: _____

Phone Number: _____

Child Registration

Child's Name: _____ Age: _____

Caregiver's Name: _____

Caregiver's Phone Number: _____

Child's Allergies: _____

Emergency Contact other than Caregiver:

Name: _____

Phone Number: _____