



**Southern New England Conference
Office of Education**
P. O. Box 1169
34 Sawyer Street
South Lancaster, MA 0161
Telephone: 978-365-4551
Fax: 978-365-3838

Background Check Packet

Southern New England Conference and its schools is concerned about our children’s safety. For this reason, we have instituted a procedure that all volunteers must follow.

To volunteer or work in any capacity at any of the SNEC schools, the following must be completed and submitted:

VOLUNTEERS	EMPLOYEES	HOW OFTEN?
EDUCATION MINISTRY VOLUNTEER FORM	EDUCATION MINISTRY VOLUNTEER FORM	Every 3 years
MINISTRY VOLUNTEER REFERENCE FORM <i>(School rep. must call all references.)</i>	MINISTRY VOLUNTEER REFERENCE FORM <i>(School rep. must call all references.)</i>	First time applying
CORI/SORI	CORI/SORI	Every 3 years
CHILD PROTECTION SCREENING - STERLING VOLUNTEERS <i>(Online class - instructions attached)</i>	CHILD PROTECTION SCREENING - STERLING VOLUNTEERS <i>(Online class - instructions attached)</i>	Every 3 years
VOLUNTEER DRIVER INFORMATION <i>(Anyone driving students - Must attach Insurance Policy and be covered for a minimum of 100-300K per collision)</i>	VOLUNTEER DRIVER INFORMATION <i>(Anyone driving students - Must attach Insurance Policy and be covered for a minimum of 100-300K per collision)</i>	Every school year
PICTURE ID <i>(with every application)</i>	FINGERPRINTING - All employees, substitutes and bus drivers	One time
	PICTURE ID with Every Application	Every time

1. Please note that it can take a couple of weeks to process approval, so submit all your forms and complete the *Child Protection Screening* training as soon as possible.
2. After completing the online training *Child Protection Screening*, please print the “Certificate of Completion”. You must also authorize the **Background Check** on Step 9. This does not replace the CORI/SORI paperwork.
3. Please note that drivers must submit the *Volunteer Driver Information* form, the vehicle Insurance Policy and a copy of the driver’s license every school year.
4. **All forms** must be submitted in person with a government issued ID to your school principal or other indicated person at your local school.

Thank you for volunteering. We need you!

Last Updated 9/20/2023

This form should be completed along with the other paperwork included in the Background Check packet.

PERSONAL INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment #

City Zip Code

Home Phone Number _____ Mobile Number: _____

E-mail Address: _____

Volunteer Areas (check all that applies):

School Name: _____

- Teacher's Aid Substitute Classroom Chaperone Grading Sports Coach Individual Tutoring
 Classroom Supervision Recess Supervision Car Driver Bus Driver
 Other (please explain) _____

PERSONAL REFERENCES

(Three references are required. Only one reference may be filled by a relative.)

Name: _____ Contact Telephone: _____ Relation: _____

Name: _____ Contact Telephone: _____ Relation: _____

Name: _____ Contact Telephone: _____ Relation: _____

PERSONAL CONDUCT QUESTIONNAIRE

The following questions are designed to help us promote a safe, secure, and loving environment for the children who participate in our programs. This information will be kept confidential. Answering yes to any of these questions will not necessarily disqualify you from volunteering.

1. Have you ever been accused of, participated in, pled guilty to, or been convicted of child abuse, child neglect, or any other crime against a minor? Yes No

If yes, please explain: _____

2. Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, other crimes of violence (physical or sexual), theft, or motor vehicle violations)? Yes No

If yes, please explain: _____

3. Do you currently use any prescription(s) or other drugs that may limit your balance/ mobility or driving capabilities? Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Contact Telephone: _____ Relation: _____

VOLUNTEER AGREEMENT AND RELEASE

The information contained in this application is true and correct to the best of my knowledge. I authorize the school/conference designee to contact any references. I release the school and the Southern New England Conference, its agents, and all such references and organizations, from any and all liability in connection with my volunteer application. I understand that taking child protection training and background screening designated by SNEC is required before I can begin my volunteer service. In addition, I have read through the NAD Child Protection (FB-20) and Code of Conduct policies and agree to abide by such guidelines.

Signature of Volunteer Applicant: _____ Date: _____

THIS SECTION FOR OFFICE USE ONLY

Completed Date: _____

Training _____ Screening _____ Referencing _____

Eligibility Volunteer Status: Eligible Not Eligible Eligible as a Non-Driver Other _____

The child protection training & screening process must be completed every three years:

Re-Screening Date: _____

Signature of Coordinator

Date

Keep in a safe and locked storage cabinet. Please inform the school administrator and conference child protection coordinator of any concerns that arise from the application process for this volunteer.

Ministry Volunteer Reference Form

(to be filled out by the school reference screener)

REFERENCE #1

Reference Name _____ Date of Contact _____

1) In what capacity do you know the volunteer? _____

2) How long have you known the volunteer? _____

3) Are you aware of any areas of concern with this individual that would inhibit them to serve as a school volunteer?

Yes No If yes to question #3, please explain: _____

4) Would you be willing to have this volunteer work with your child? Yes No

If no to question #4, please explain: _____

REFERENCE #2

Reference Name _____ Date of Contact _____

1) In what capacity do you know the volunteer? _____

2) How long have you known the volunteer? _____

3) Are you aware of any areas of concern with this individual that would inhibit them to serve as a school volunteer?

Yes No If yes to question #3, please explain: _____

4) Would you be willing to have this volunteer work with your child? Yes No

If no to question #4, please explain: _____

REFERENCE #3

Reference Name _____ Date of Contact _____

1) In what capacity do you know the volunteer? _____

2) How long have you known the volunteer? _____

3) Are you aware of any areas of concern with this individual that would inhibit them to serve as a school volunteer?

Yes No If yes to question #3, please explain: _____

4) Would you be willing to have this volunteer work with your child? Yes No

If no to question #4, please explain: _____



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School Trip Chaperone Guidelines

Thank you for your interest in being a field trip chaperone. The role of a chaperone is an important one, and while enjoyable, requires accepting certain responsibilities. These guidelines help ensure that school sponsored field trips result in safe and rewarding experiences for all participants.

Becoming a School Trip Chaperone

Atlantic Union Conference policy requires that school administrators must have confirmation and verification of background checks and safety training for all personnel. In addition, chaperones must:

- Support the mission of the school and the Seventh-day Adventist Church.
- Be physically able to participate in all activities associated with the trip.
- Show that students' safety is the primary focus and supersedes personal interests.
- Understand and promote all school trip guidelines.
- Attend the pre-trip orientation for students and chaperones (multi-day & overnight trips only)

General Guidelines for Chaperones

1. Please leave other children at home. The students assigned to your group will need your full attention during the entire field trip.
2. Familiarize yourself with the general instructions given to the students prior to the field trip and enforce these instructions throughout the trip.
3. Teachers reserve the right to assign and/or reassign students to groups.
4. The students in your assigned group are your responsibility. Know exactly how many students are in your group and learn their names and faces. Be sure that all are present before moving from one place to another.
5. Always be safety conscious. You are responsible for the continuous monitoring of your group's activities.
6. Be on time for designated meeting places and departure.
7. Keep your assigned group of students with you throughout the field trip, including time on the bus. Never allow individuals to leave the group, except in emergencies and then only with a partner.

8. You have the authority to enforce the rules and appropriate behavior. The responsibilities for assigning consequences, or using physical restraint, rest with the school staff or trip supervisor. Report any major and/or continued infractions to the teacher as soon as possible.
9. For the protection of both students and chaperones, do not place yourself in situations in which you are alone with a student.
10. Please do not purchase items or provide opportunities that are not offered to all students in the class or pre-approved by the teacher.
11. Sensitive information you may learn about a student's abilities, relationships, or background must be kept confidential.
12. To ensure that you are able to devote your full attention to the important responsibilities of chaperoning, restrict cell phone use to emergencies only.
13. Please be aware that some students have photo restrictions; this means their parents have formally requested they not be photographed at school or school activities. Do not post photos of students on your personal social media.

Multi-Day/Overnight Guidelines for Chaperones

1. A chaperone assigned the responsibility for maintaining emergency contact and medical information for participating students and adults must keep this information secure and readily available.
2. No chaperone shall stay in a room with a student unless the chaperone is the student's parent or legal guardian.
3. Only same gender students shall occupy a room at any time.
4. Adults shall not bathe or be in a state of undress with students under any circumstances.
5. Chaperones will cooperate with the plans made by the trip supervisor to account for weather delays, illness and/or vehicle emergencies.
6. Chaperones will organize a system for communicating and performing student counts.

If you have questions about any aspect of the field trip or the expectations of chaperones, please ask for assistance from the teacher or staff member in charge. We hope you enjoy your field trip experience.

I have read, understand, and agree to comply with the guidelines if I am selected to be a field trip chaperone.

Signature: _____

Printed Name: _____

Date: _____



Seventh-day
Adventist Church
NORTH AMERICAN DIVISION

Step 1: Go to <https://www.nadadventist.org/asv> and click on the first-time registrant button

Step 2: Select the state where your program is located and then select the conference (*Southern New England Conference*)

Step 3: Create a user ID and a password you can easily remember. It's recommended to use your email address for your user name.

Sterling Volunteers

Please create a user id and password that you will use to access your account

Common names like Mary and John are not good choices as they are most likely already in use.
Common abbreviations like 'jsmith' and 'mjones' are also likely to already be in use.
We suggest using your full name (without spaces) or email address as they are more likely to be unique.

Create a User ID:
Create a Password:

Your user id is case sensitive. We recommend that you use all lower case letters and avoid spaces and punctuation. Email addresses are ok. Your user id must be at least 4 characters long.

Your password must be at least 8 characters long.

[Important note about selecting passwords](#)

Already have an account?

Step 4: Please provide the information requested on the screen. (Note: Do not click the back button or your registration will be lost).

Step 5: Select your primary location where you work or volunteer (South Lancaster Academy) and click continue. If you work or volunteer in another location, please select 'Yes' and then select the location.

Sterling Volunteers

Please select the primary location where you work or volunteer.

Location:


If you are associated with multiple locations, please choose the primary (work) location first.
Then click the continue button to select additional locations such as those where you volunteer

Step 6: Select your role(s) within the organization (multiple may be selected).

Step 7: Click on the green circle to begin the online training. Upon completion, the last screen will allow you to print a certificate.

Adventist Mandatory Training

To begin your online training, please click the title of your assigned training:

 **Sexual Harassment Online Training Module 1.0**
Overview:
Assigned: 07/01/2019
Due: 08/31/2019

 Past due
 Due date approaching
 Assigned

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 8: 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)

Step 9: Upon completion of your online training, you will be instructed to complete your background check. Please complete the steps within the background check process

Background Check

You are required to have a background check.
All of your information is prepared and ready to send to Verified Volunteers.
Please click the button below when you are ready to submit your information.



Seventh-day
Adventist Church

NORTH AMERICAN DIVISION

Step 1: Go to <https://www.nadadventist.org/asv> and click on the login for existing accounts button

Step 2: Enter in the username and password created during your initial registration. If you are having trouble remembering this information, select the need login information button

LOGIN FOR EXISTING ACCOUNTS

Username:
sda-admin-37469

Password:
.....

Sign In

Need login information?

Step 3: upon login, you will be directed to complete any piece of the process that is not completed. If training is still required, the training prompt will display and if the background check is required you will have a display that directs you complete the background check process

To review your program information, select the “My Report” option on the left hand side:

My Report

BACKGROUND SCREENING

Date	Type & Provider	Name Submitted	Run By	Status	Results
07/23/2019	L2 VV		REGISTRATION	Pending Submission	

TRAINING

None

If you need to update your registration information, select the Update My account information in the upper right-hand corner:



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Volunteer Driver Information Form

PLEASE NOTE: ALL DRIVERS MUST BE AT LEAST 21 YEARS OF AGE AND HAVE A VALID DRIVER'S LICENSE, VEHICLE REGISTRATION, AND VEHICLE INSURANCE. THIS IS MANDATORY FOR ANYONE DRIVING MINORS.

VOLUNTEER DRIVER'S LICENSE INFORMATION

Full Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number(s): Home _____ Mobile _____

Driver's License Number _____ State Issuing License _____ Exp. Date _____

Have you had any violations within the last 5 years? _____ YES _____ NO

If yes please explain: _____

VOLUNTEER VEHICLE INFORMATION

(Please attach copy of your valid Driver's License with this application)

Vehicle # 1.

Name of Owner _____ Year of Vehicle _____

Address of Owner _____

City _____ State _____ Zip Code _____

Make of Vehicle _____ Model of Vehicle _____

Date of most recent state inspection _____ License Plate Number _____

Expiration Date _____

Vehicle # 2. (If applicable)

Name of Owner _____ Year of Vehicle _____

Address of Owner _____

City _____ State _____ Zip Code _____

Make of Vehicle _____ Model of Vehicle _____

Date of most recent state inspection _____ License Plate Number _____

Expiration Date _____

Note: The above information must be provided for each vehicle being used.)

VOLUNTEER VEHICULAR INSURANCE REQUIREMENT INFORMATION

(Please attach a copy of your insurance coverage.)

IMPORTANT! Volunteers who use personal vehicles on an infrequent basis for ministry purposes (such as Pathfinder events) **must carry a minimum of \$100,000 per person/\$300,000 per occurrence limits of liability.** A copy of your Statement of Coverage must be attached!

CERTIFICATION

I certify that to the best of my knowledge the above information is correct and accurate. I understand that in order to provide transportation for school related activities, I must be at least 21 years of age and possess a valid driver's license, current vehicle registration and the required insurance coverages. I understand that when providing transportation for minors, I am acting as an adult chaperone, and will conduct myself accordingly with respect to the expectations and guidelines of the Southern New England Conference of the Seventh-day Adventist Church.

Signature _____

Date _____



CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Southern New England Conference is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Southern New England Conference to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Southern New England Conference may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Southern New England Conference must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE



SUBJECT INFORMATION: (An asterisk denotes a required field.)

*Last Name *First Name Middle Name Suffix

Maiden Name (Or other name(s) by which you have been known.)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

CURRENT AND FORMER ADDRESSES:

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

Street Number and Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification (photocopy or copies attached):

VERIFIED BY:

Name of Authorized, Verifying Employee (Please Print)

Signature of Authorized, Verifying Employee Date



SEVENTH-DAY
ADVENTIST
CHURCH

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FINGERPRINTING

In January of 2013, the governor of Massachusetts signed “An Act Relative to Background Checks” into law. This new law expands what public, private, and parochial schools already do in conducting state Criminal Offender Record Information (CORI) checks on all employees at least once every three years – **it requires all public and private K-12 school employees in Massachusetts, as well as early educators, to submit to fingerprint-based state and national criminal background checks.**

All employees (*including substitute teachers, teacher’s aides, contract teachers, etc.*) and bus drivers must be fingerprinted prior to working with students.

The cost is \$35.00 for non-certified staff and \$55.00 for certified staff (including substitutes). The School Board voted that the employee will be responsible for the full cost of fingerprinting.

To set up an appointment to be fingerprinted, please go to www.IdentoGo.com and enter your school’s provider ID/Org Code:

Bayberry Christian School	00200810
Cedar Brook Adventist School	02470805
Greater Boston Academy	02840815
South Lancaster Academy	01470840
South Shore Adventist School	00400830
Wachusett Hills Christian School	01030805
Warren Adventist School	03110830
Worcester Adventist School	03480945

Questions?

Please contact the SNEC Office of Education. We will do our best to track down answers for you!

Last Updated 3/10/2022