



# TORCH CLEARANCE POLICY

## **KAIROS PRISON MINISTRY INTERNATIONAL, INC.**

- 1) The Kairos national office will request a professional background screening service, to use the authorization form for a background check of the following items:
  - A. Social Security and identity confirmation.
  - B. National criminal file
  - C. Sexual offender search
  - D. County criminal search
  - E. Motor Vehicle Record (where available)
  
- (2) The Advisory Council/State Committee is also required to obtain from each volunteer the following information:
  - 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 person's driver license, birth certificate or passport (any 1 of these)
  - E. A signed volunteer application and authorization giving Kairos 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 the Kairos National Office so Kairos may obtain the required information to approve or deny the applicant. 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 that person's application.
  
- (5) This policy is effective August 1, 2004, however, previous and/or current Torch volunteers may continue in the ministry, but must comply with the above requirements on or before February 1, 2005.

All information provided to the Kairos Headquarters will be stored in a secured, locked file cabinet. Only authorized personnel will have authority to view information. Findings will not be provided to any other organization except as required by State or Federal law. Kairos, in its discretion, may also require finger prints or other follow up information.

**KAIROS Prison Ministry International, Inc.**

6903 University Blvd.  
Winter Park, FL 32792  
T: (407) 629-4948 F: (407) 629-2668  
[www.kairosprisonministry.org](http://www.kairosprisonministry.org)  
info@kairosprisonministry.org



**TORCH VOLUNTEER SCREENING**

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Nickname, If Any

Have you gone by any other names?  Yes  No    If yes, what other names? \_\_\_\_\_  
Married?  Yes  No

\_\_\_\_\_  
Address                      City                      State                      County                      Zip

\_\_\_\_\_  
Previous Address                      City                      State                      County                      Zip

\_\_\_\_\_  
Emergency Contact                      Emergency Phone

\_\_\_\_\_  
Home Telephone                      Work Telephone                      E-mail

\_\_\_\_\_  
Torch Institution                      City in which institution is located                      Leaders Name

**What is / are your:**

\_\_\_\_\_  
Education / Training

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Other Job Experience

\_\_\_\_\_  
Volunteer or Youth Group Experience

\_\_\_\_\_  
Church Affiliations

\_\_\_\_\_  
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                      Telephone

\_\_\_\_\_  
Address                      City                      State/Zip

\_\_\_\_\_  
Name                      Telephone

\_\_\_\_\_  
Address                      City                      State/Zip

\_\_\_\_\_  
Name                      Telephone

\_\_\_\_\_  
Address                      City                      State/Zip

**Identification**

\_\_\_\_\_  
Date of Birth                      Place of Birth

\_\_\_\_\_  
Driver's License Number                      State of Issue

\_\_\_\_\_  
Social Security Number

# TORCH VOLUNTEER 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 Torch 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 institutions, and the youthful offenders they serve. I agree that being a Kairos Torch volunteer is a privilege not a right and my service as a volunteer may be revoked by Kairos at any time. I understand Kairos Torch is a Christian ministry working with youthful offenders. 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

**PLEASE RESPOND TO ALL QUESTIONS IN THIS SECTION!**

Have you ever been arrested or convicted of a crime (other than a traffic violation)?

Yes  No

If yes, where? \_\_\_\_\_  
State County

For what reason? \_\_\_\_\_

What is the 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 the above is yes, on a separate piece of paper, please explain the circumstances and disposition.**

## SECTION C.

## EMPLOYMENT INFORMATION

Are you currently employed?  Yes  No

Current or Former Employer \_\_\_\_\_

\_\_\_\_\_  
Address

City

State

Zip

Telephone

## TORCH VOLUNTEER SCREENING

### 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 TORCH, I hereby authorize a professional screening service, on behalf of KAIROS TORCH, 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.

6903 University Blvd.  
Winter Park, FL 32792

### 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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**TORCH 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 \_\_\_\_\_

Torch Institution \_\_\_\_\_ City in which institution is located \_\_\_\_\_

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

Kairos Torch mentoring can only happen when men and women volunteer their time and skills. Volunteers 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 Torch 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 youthful offenders. 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 check 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 youthful offenders?  Yes  No

Would you recommend this person as a volunteer?  Yes  No

\_\_\_\_\_  
Your Name (Please Print) \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_