



Application Form

CONTACT INFORMATION:

Organization Name:

Application Date:

Contact Name:

Contact Title:

Physical Address:

Email Address:

Phone Number:

I AM A:

- Faith community that directly serves children using volunteers and staff.
- Membership association of faith communities.
- Faith-based nonprofit organization serving children using volunteers and staff.

PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY:

- We have completed background checks for all employees and staff who interact with children.
- We wish to complete child abuse prevention training for all volunteers and staff who interact with children.
- We have completed child abuse prevention training for all volunteers and staff who interact with children. (Review of third-party training curriculum may be required.)

Please list the training method used: _____

- We have a Code of Conduct for all staff and volunteers. ***If yes, please include with your submission***
- We have a Child Protection Policy in place. ***If yes, please include with your submission***
- We have a Safety and Crisis Protocol in place. ***If yes, please include with your submission***
- We do not have a Code of Conduct but would like to create one.
- We do not have a Child Protection Policy but would like help creating one.
- We do not have a Safety and Crisis Protocol but would like help creating one.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- ____ Number of employees who interact with children
- ____ Number of volunteers who interact with children
- ____ Total number of employees trained
- ____ Total number of volunteers trained
- ____ Are you a multi-site organization.

ACKNOWLEDGMENT AND RELEASE OF LIABILITY:

By signing below, I acknowledge that I understand that training, background checks and other child abuse prevention tools do not in any way guarantee that child abuse will never occur in my organization or on my campus. I further understand that the Partners in Protection membership program is intended for guidance only and is not an insurance policy, nor a guarantee that child abuse will never occur, even with the Partners in Protection guidelines, nor is it endorsed by any legal entity.

If awarded, I understand that the Partner in Protection recognition remains in effect for 12 months from date of receipt. I understand that annual renewal is required to maintain the distinction.

I agree that nothing in this interest form or in the Partners in Protection program or the use of the electronic or printed membership logo shall confer any endorsement or approval of _____ by Children’s Advocacy Center of Collin County. I acknowledge that the program and associated images are intended to convey only that my organization has met minimum standards for child protection.

I understand that the Partners in Protection program and all images and language associated with the program are for marketing purposes only. I understand and acknowledge that the Partners in Protection program is intended as a “best practices” guideline and is not a guarantee that child abuse will never occur. I hereby release Children’s Advocacy Center of Collin County from any liability, claims, demands, actions or suits of any kind relating in any way to the use of training curriculum, likenesses, images, logos or employees.

Signature (Electronic Signatures Not Accepted)

Printed Name

Date