



NIJ'S SAFETY AND SECURITY PLANNING APP FOR HOUSES OF WORSHIP

SAFETY AND SECURITY TEAM (SST) APPLICATION

NIJ | National Institute
of Justice

STRENGTHEN SCIENCE. ADVANCE JUSTICE.



BACKGROUND DATA

Name:

Telephone:

Cell:

Home:

Address:

Age: M F

Membership date:

1. Residence history for the past 10 years: (include full address, county, city, state and dates of residence: mm/yy):

2. Employment history for the past 10 years: (include full name of employer, job title, job location, reason for leaving and dates of employment mm/yy):

HOUSE OF WORSHIP HISTORY AND CHILDREN, YOUTH OR OTHER VULNERABLE POPULATION MINISTRY EXPERIENCE

1. House of Worship history for the past 10 years: (list name and address of all Houses of Worship whether you were a member or regular attender):

**2. List all previous work involving children, youth or other vulnerable populations:
(list each organization's names, address, dates and type of work performed):**

3. Briefly describe your reasons for wanting to serve on the SST:

4. Any prior service on a House of Worship security team? Please list details.

**5. Please list all relevant law enforcement, fire, safety, security and medical skills: (e.g.
MD, CPR certified, sworn law enforcement officer):**

6. List three people who know you well. They should be friends, peers, colleagues, associates, etc., who collectively are aware of your character, conduct, activities outside of your workplace, school or neighborhood, and whose combined association with you covers at least the past seven years. Do not list spouses or relatives related by blood or marriage.

List name, full address, contact telephone number and type of association:

- 1.
- 2.
- 3.

POLICE RECORD

Has any of the following ever happened?

1. In the past seven years have you been issued a summons, citation or ticket to appear in court for any criminal proceeding against you? (exclude traffic fines of less than \$300 dollars that did not involve alcohol or drugs) Y N
If yes, list details (if more room is needed, attach a blank piece of paper with details):

2. In the past seven years have you been arrested by any law enforcement official?

Y N

If yes, list details:

3. In the past seven years have you been charged, convicted of or sentenced for a crime in any court? Y N

If yes, list details:

4. In the past seven years have you been or are you currently on probation or parole?

Y N

If yes, list details:

5. Have you EVER been charged with any felony offense? (include those under UCM)

Y N

If yes, list details:

6. Have you EVER been convicted of any offense involving firearms, explosives, alcohol or drugs? Y N

If yes, list details:

ILLEGAL DRUG USE

(In reference to this section, neither your truthful response nor information derived from your response shall be used against you as evidence in any subsequent criminal proceeding)

1. In the past seven years, have you illegally used any drugs or controlled substances? Use of a drug or controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with or otherwise consuming any drug or controlled substance. Y N

If yes, list details:

2. Have you ever illegally used or otherwise been involved with a drug or controlled substance while employed as a law enforcement officer or while in a position directly and immediately affecting the public safety? Y N

If yes, list details:

3. Have you in the past seven years intentionally engaged in the misuse of prescription drugs, regardless of whether or not the drugs were prescribed for you or someone else? Y N

If yes, list details:

4. Have you been ordered, advised, been asked or voluntarily sought counseling or treatment as a result of your use of drug or controlled substances? Y N

If yes, list details:

ALCOHOL USE

Has your use of alcohol had a negative impact on your work performance, your professional or personal relationships, or resulted in intervention by law enforcement/public safety personnel? Y N

If yes, list details:

MISCELLANEOUS

1. Have any civil lawsuits alleging actual or attempted harassment, exploitation, misconduct or discrimination; child abuse; or financial misconduct been successfully prosecuted against you, settled out of court or dropped because the statute of limitations had expired? Y N

If yes, list details:

2. Is there anything pertinent to the areas covered, or to any other matter, that is relevant to this background investigation and service on the SST that you would want us to know? Y N

If yes, list details:

3. To the best of your knowledge, are there any records that might be reviewed or any persons that might be interviewed that would contradict anything provided on this form? Y N

If yes, list details:

4. Is there anything regarding any aspect of your character, conduct, personal life and past or present actions that is not generally known, and which for that reason, could bring discredit and dishonor to the House of Worship? Y N

If yes, list details:

5. Is there anyone or anything in your background that would raise questions concerning your honesty, integrity, judgment or discretion? Y N
If yes, list details:

APPLICANT STATEMENT

The information contained in this application is correct to the best of my knowledge. I authorize any references or Houses of Worship listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for service with children, youth or other vulnerable populations. In consideration of the receipt and evaluation of this application by this House of Worship, I hereby release any individual, House of Worship, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damage of whatever kind compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the policies of the House of Worship. I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement that I have read and understand.

Applicant's Signature:

Date:

Printed Name:

Witness:

Date:

Printed Name: