Shatter the Nations Networked Affiliates App

Church Application & Vetting Form

Purpose: This application helps Shatter the Nation properly vet churches/volunteers/counselors that wish to join the network and responsibly engage in answering messages young people in need. Our priority is spiritual integrity, safety, accountability, and trauma-informed care.

Please email completed application or any questions regarding the application to dillon@shatterthenations.org

---

SECTION 1: CHURCH INFORMATION

Church Name:

Year Established:

Physical Address:

Website & Social Media Links:

Primary Contact Person:

- Name:
- Title/Role:
- Email:
- Phone Number:

Secondary Contact Person (recommended):

- Name:
- Email:
- Phone Number:

SECTION 2: LEADERSHIP & OVERSIGHT

Senior Pastor / Lead Pastor Name:

Years in Ministry:

Brief Summary of Church Leadership Structure (elders, board, accountability):

Is your church covered by pastoral or organizational liability insurance?
☐ Yes ☐ No
If yes, provider name:

SECTION 3: DOCTRINAL ALIGNMENT

Please briefly respond to the following:

1. **Statement of Faith:**
   (What are your church's core doctrinal beliefs?)
2. **View on Salvation & the Gospel:**
3. **Biblical Authority:**
   How does your church view Scripture and its role in counseling and guidance?
4. **Approach to Youth & Teen Ministry:**

SECTION 4: YOUTH SAFETY & PROTECTION POLICIES

Do you currently have written child/youth protection policies?
☐ Yes ☐ No
(If yes, attach or summarize below.)

Do you require background checks for volunteers/staff working with minors?
☐ Yes ☐ No

How often are background checks renewed?

Two-Adult Rule or Similar Safeguard in Place?
☐ Yes ☐ No

How does your church handle mandatory reporting of abuse or self-harm risk?

SECTION 5: DIGITAL COMMUNICATION & BOUNDARIES

Who would be responsible for responding to messages from teens?
☐ Pastoral Staff ☐ Trained Volunteers ☐ Both

How many individuals would have message access?

Describe your accountability process for digital communication:
(e.g., message logs, oversight, team access, supervision)

Do you agree to never engage in private, secretive, or one-on-one messaging without accountability?
☐ Yes ☐ No

SECTION 6: CRISIS & MENTAL HEALTH RESPONSE

Have your leaders received any training in:
☐ Suicide Prevention
☐ Crisis Intervention
☐ Trauma-Informed Care
☐ None of the above

How would your church respond if a teen expresses:

- Suicidal thoughts
- Abuse at home
- Sexual exploitation
- Severe mental health distress

(Explain referral process to parents, professionals, emergency services, etc.)

SECTION 7: VALUES & MISSION ALIGNMENT

1. **Why does your church want to join the Shatter the Nation Network?**
2. **How do you view evangelism vs. care when responding to teens in crisis?**
3. **Describe how compassion, patience, and Christ-like love are demonstrated in difficult conversations:**

SECTION 8: REFERENCES

Please provide **two ministry or professional references** (not family members).

Reference 1:

- Name:
- Organization:
- Email / Phone:

Reference 2:

- Name:
- Organization:
- Email / Phone:

SECTION 9: AGREEMENT & COMMITMENT

By signing below, we affirm that:

- All information provided is accurate and truthful
- We agree to uphold strict safety, accountability, and ethical standards
- We understand that Shatter the Nation may revoke access at any time if standards are violated
- We agree to ongoing review, training, and compliance

Authorized Representative Name:

Title:

Signature:

Date:

FOR SHATTER THE NATION USE ONLY

☐ Application Received
☐ References Checked
☐ Interview Completed
☐ Approved ☐ Denied ☐ Pending

Notes:

Shatter the Nation is committed to protecting the vulnerable, honoring Christ, and stewarding influence with integrity.