



Registration Instructions Adventist Child Protection Screening

*Videos of this process are available at: <https://vimeo.com/channels/adventistchildprotection>

Please go to the website www.ncsrisk.org/adventist and click on the link to access the Registration page to complete the online training, **Child Protection Online Awareness Session**, and submit your background check.

 www.ncsrisk.org/adventist

Click on **First-Time Registrant** or **Español: Acceso O Inscripción** to start the registration process.

Select your **Union and Conference** where you work or volunteer by clicking the downward arrow and highlighting the location.

Click **Select and Continue** to proceed.

Create a user ID and a password you can easily remember. This is necessary for all participants as this establishes your account. If your preferred user ID is already taken, please choose another ID. We suggest the use of email addresses as user names.

Click **Continue** to proceed.

Please provide the information requested on the screen.

(Please Note: Do not click the back button or your registration will be lost.)

Click **Continue** to proceed.

Select your **Primary Location** where you work or volunteer by clicking the downward arrow and highlighting the location.

Click **Select and Continue** to proceed.

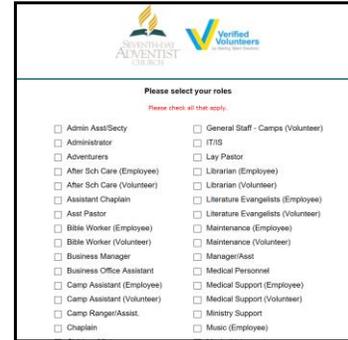
If you work or volunteer in another location, please select **Yes**. And, then select additional locations where you work or volunteer by clicking the downward arrow and highlighting the location. Click **Yes or No** to proceed.

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Please select the role(s) that you are associated within your conference. You may select multiple roles based on your involvement.

Click **Continue** to proceed.



Please select your roles
Please check all that apply.

- Admin Asst/Secy
- Administrator
- Adventurers
- After Sch Care (Employee)
- After Sch Care (Volunteer)
- Assistant Chaplain
- Asst Pastor
- Bible Worker (Employee)
- Bible Worker (Volunteer)
- Business Manager
- Business Office Assistant
- Camp Assistant (Employee)
- Camp Assistant (Volunteer)
- Camp Ranger/Assist.
- Chaplain
- General Staff - Camps (Volunteer)
- IT/IS
- Lay Pastor
- Librarian (Employee)
- Librarian (Volunteer)
- Literature Evangelists (Employee)
- Literature Evangelists (Volunteer)
- Maintenance (Employee)
- Maintenance (Volunteer)
- Manager/Asst
- Medical Personnel
- Medical Support (Employee)
- Medical Support (Volunteer)
- Ministry Support
- Music (Employee)

Click on the **green circle** to begin the **Online Training**

Upon completion, the last screen will allow you to **print** a certificate, and you will always have the ability to log back into your account and access the certificate.

Please note that once you complete the online training AND the submission of your background check, you can log back into your account at www.ncsrisk.org/adventist to see your activity at any time by clicking on 'My Report' to view your online training, retrieve a certificate, and view your background check completion date.

You also have access to 'Update My Account' to update your personal information.



Training

Online Training Modules

Message Center

Update My Account

My Report

Online Training Modules

- Child Protection Online Awareness Session
Assigned: 01/03/17
Due: 01/17/2017
- Past due
- Due date approaching
- Assigned

My Report

BACKGROUND SCREENING

Date	Type & Provider	Name Submitted	Run By	Complete	Status
01/04/2017	L2: Bible Worker Verified Volunteers		REGISTRATION	No	

TRAINING

Module	Assigned	Started	Completed
Child Protection Online Awareness Session	01/04/17		01/04/17

Please read the instructions regarding the structure of the online training and then proceed.

Select **Click Here to Start** to begin the online training.

Training will take approximately one hour.

Welcome to the Child Protection Online Awareness Session 3.0.

This interactive training module is designed to focus on key points that will enhance your ability to protect children from sexual abuse and create safe environments. This module is constructed around multiple-choice questions that apply and reinforce certain principles that further the goals of the program. After you select an answer to each question, you will be prompted to read an overview of the relevant issues addressed in the question. Then, you will see the same questions, again, and be prompted to either accept your original answer, or to change your answer based on the information provided.

Each wrong answer will provide additional background information designed to help you select the correct answer.

Now, let's begin with the first question.

Child Protection Online Awareness Session

[CLICK HERE TO START](#)

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

Click on **Submit Background Check**.

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

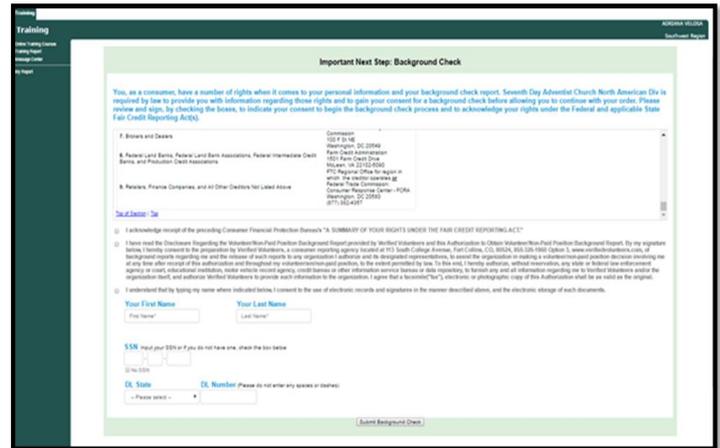
[Submit Background Check](#)

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Review and complete the consent form.

From there, you should be automatically routed to a page with the consent form to be read and some information to be filled out, which will look like these: (depending on the background check package associated with your role).

Background Checks without MVR Check Consent Form



Important Next Step: Background Check

You, as a consumer, have a number of rights when it comes to your personal information and your background check report. Seventh Day Adventist Church North American Division is required by law to provide you with information regarding these rights and to gain your consent for a background check before allowing you to continue with your order. Please review and sign, by checking the boxes, to indicate your consent to begin the background check process and to acknowledge your rights under the Federal and applicable State Fair Credit Reporting Act(s).

I, [Name] do hereby:

- I acknowledge receipt of the preceding Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."
- I have read the Disclosure Regarding the Volunteer/Non-Paid Position Background Report provided by Verified Volunteers and the Authorization to Obtain Volunteer/Non-Paid Position Background Report. By my signature below, I hereby consent to the production by Verified Volunteers, a consumer reporting agency located at 113 South College Avenue, Fort Collins, CO 80504, 970-226-1000 (Option 1, www.verifiedvolunteers.com, of background reports regarding me and the release of such reports to the organization's authorized and designated representatives. In order for the organization to initiate a volunteer/non-paid position involving me at any time after receipt of this authorization and throughout my volunteer/non-paid position, to the extent permitted by law, I do hereby, knowingly, voluntarily, without coercion, and with no federal state endorsement or other endorsement, hereby authorize the organization, its authorized representatives, its designees, its contractors, its affiliates, its subsidiaries, and other related entities, to obtain my credit information and other information regarding me from any and all authorized non-FCRA and FCRA covered entities and to disseminate such information to the organization's authorized and designated representatives for the purpose of conducting background checks on me and all other individuals who are in contact with me.
- I understand that by typing my name where indicated below, I consent to the use of electronic records and signatures in the manner described above, and the electronic storage of such documents.

Your First Name **Your Last Name**

First Name* Last Name*

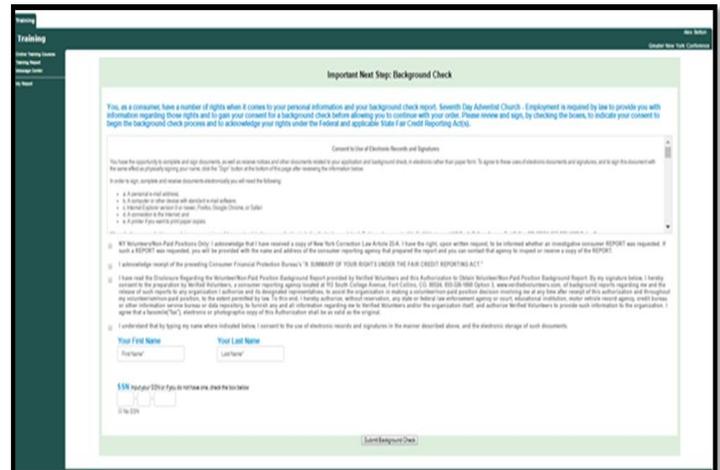
SSN Input your SSN if you do not have one, check the box below

SSN

DL State **DL Number** (Please do not enter any spaces or dashes)

DL State DL Number

Background Checks with MVR Check Consent Form



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- I understand that by typing my name where indicated below, I consent to the use of electronic records and signatures in the manner described above, and the electronic storage of such documents.

Your First Name **Your Last Name**

First Name* Last Name*

SSN Input your SSN if you do not have one, check the box below

SSN

You will be prompted for additional information required for the check and will be prompted to electronically provide authorization to conduct the check.

If you have any questions, please contact us via email at AdventistSupport@verifiedvolunteers.com or at our toll-free number 1-855-326-1860.