



Partner in Prevention New Applicant Form

Please review the minimum requirements before completing an application:

Minimum Requirements:

- All (90%) current employees and volunteers (if applicable) have been trained using Stewards of Children®
- Background checks are completed for all employees and volunteers
- Organization requires that situations where one adult is alone with one child, be observable and interruptible

Partner in Prevention

By submitting this application, I acknowledge that, to the best of my knowledge, all information provided in this application is accurate and complete. I understand that Darkness to Light will review the information provided in this application and notify the Organization named on the application if distinction as Partner in Prevention is awarded.

Darkness to Light reserves the right to request information needed to verify the accuracy of the information provided and may periodically audit the Organization for compliance with the guidelines associated with the Partner in Prevention program at any time upon reasonable notice.

If awarded, the Partner in Prevention distinction remains in effect for a period of 12 months unless otherwise terminated. An annual application is required to maintain the distinction.

Nothing in this application, the Partner in Prevention program, or in the use of the emblem itself, shall confer any endorsement or ap-proval of the Organization's services by Darkness to Light. The program and associated emblem is intended only to convey that the Organization has met training standards.

As your Organization's representative,
acknowledgement of the above statement:

I Agree

I Disagree

Organization Information

Organization Name

Organization Address

City/Town

State/Province (Input "Not in US" or Province, if outside of US)

Zip/Postal Code

Country

Organization/Industry Type:

Youth-Serving Organization

Boys & Girls Club of America Chapter

Youth Camp

Government Agency

Business

Foundation

Non Profit Organization

Other _____

Select your **Organization type** here:

Organization provides direct services to youth AND adults who interact with children are **PRIMARILY VOLUNTEERS AND STAFF**

Organization provides direct services to youth AND adults who interact with children are **PRIMARILY STAFF**

Organization does not provide direct services to youth.

Primary Contact Information

Name

Email Address

Phone Number

Primary Contact's Organization Role

Do you have an Authorized Facilitator on staff? If yes, please list their name(s)

Yes

No

Did an Authorized Facilitator assist you with this application or promote the program? If yes, please list their name(s)

Yes

No

Is the applicant completing this form different than the primary contact?

Yes

No

Applicant Information:

Applicant's First Name

Email Address

Phone Number

Applicant's Organization Association

Primarily Volunteers & Staff

The **Organization** maintains a record of who has been trained

True False

ALL VOLUNTEERS who interact with youth have completed the trainings

True False

Background checks are completed for **VOLUNTEERS & EMPLOYEES** prior to, or at the start of volunteering/employment

True False

Please provide an explanation for any fields marked FALSE

ALL EMPLOYEES (at least 90%) have completed the training

True False

All VOLUNTEERS & EMPLOYEES (as defined above) will be required to renew the training at least every 3 years

True False

The **Organization** requires (either as part of a child protection policy or in practice) that one adult-one child situations be observable or interruptible

True False

Please list the background check company you use:

How often are these background checks required?

Upon Employment/Volunteer Assignment Yearly
 Quarterly Every Two Years
 Other _____

Who is required to complete background checks?

Volunteers Staff Both

If Staff & Volunteers (who interact with youth) are not all required to complete background checks, please explain why:

Describe who was trained:

Employees Volunteers
 Community Members Other _____

How was the training completed?

Online Training Facilitated Training

If it was a facilitated training, please list the name of the Authorized Facilitator: (If not, input N/A)

If you are an online client, please list your **Organization's** division name (it is listed on your user guide):

Who participated in the training?

All Employees & Volunteers Subset of Employees & Volunteers

If "subset of employees" was selected, please explain:

How many times a year is the training held?

Upon Employment/Volunteer Assignment Yearly
 Quarterly Twice a year
 Monthly Other: _____

What are your procedures for training new volunteers and employees?

Include the timing of how soon new volunteers/employees are trained relative to when they start their volunteer work/employment?

Number of Volunteers who interact with youth: _____ Number of Employees: _____

Total Number Trained as of this Application: (Employees & volunteers who interact with youth)

Does this application cover multiple facilities? (Branches, schools, etc.)

Yes No Other

If yes, please specify how many facilities it covers: _____ Any Additional Comments _____

Primarily Staff

The **Organization** maintains a record of who has been trained

- True False

ALL EMPLOYEES (at least 90%) have completed the training

- True False

Background checks are completed for **EMPLOYEES** prior to, or at the start of volunteering/employment

- True False

All EMPLOYEES (as defined above) will be required to renew the training at least every 3 years

- True False

The **Organization** requires (either as part of a child protection policy or in practice) that one adult-one child situations be observable or interruptible.

- True False

Please provide an explanation for any fields marked FALSE

Please list the background check company you use:

How often are these background checks required?

- Upon Employment/Volunteer Assignment Yearly
 Quarterly Every Two Years
 Other _____

Who is required to complete background checks?

- Volunteers Staff Both

If Staff (who interact with youth) are not all required to complete background checks, please explain why:

Describe who was trained:

- Employees Volunteers
 Community Members Other _____

How was the training completed?

- Online Training Facilitated Training

If it was a facilitated training, please list the name of the Authorized Facilitator: (If not, input N/A)

If you are an online client, please list your **Organization's** division name (it is listed on your user guide):

Who participated in the training?

- All Employees & Volunteers Subset of Employees & Volunteers

If "subset of employees" was selected, please explain:

How many times a year is the training held?

- Upon Employment/Volunteer Assignment Yearly
 Quarterly Twice a year
 Monthly Other: _____

What are your procedures for training new volunteers and employees?

Include the timing of how soon new volunteers/employees are trained relative to when they start their volunteer work/employment?

Number of Volunteers who interact with youth:

Number of Employees:

Total Number Trained as of this Application: (Employees & volunteers who interact with youth)

Does this application cover multiple facilities? (Branches, schools, etc.)

- Yes No Other

If yes, please specify how many facilities it covers:

Any Additional Comments

Non-Youth Serving Organization

The **Organization** maintains a record of who has been trained

- True False

Training will be offered at least annually for **NEW** employees that have started during the year.

- True False

Please provide an explanation for any fields marked FALSE

ALL EMPLOYEES (at least 90%) have completed the training

- True False

All EMPLOYEES (as defined above) will be required to renew the training at least every 3 years

- True False

Please list the background check company you use:

How often are these background checks required?

- Upon Employment/Volunteer Assignment Yearly
 Quarterly Every Two Years
 Other _____

Who is required to complete background checks?

- Volunteers Staff Both

If Staff (who interact with youth) are not all required to complete background checks, please explain why:

Describe who was trained:

- Employees Volunteers
 Community Members Other _____

How was the training completed?

- Online Training Facilitated Training

If it was a facilitated training, please list the name of the Authorized Facilitator: (If not, input N/A)

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Does this application cover multiple facilities? (Branches, schools, etc.)

- Yes No Other

If yes, please specify how many facilities it covers:

Any Additional Comments
