

Safety Policy For Youth, Children and Vulnerable Adults at Fairport United Methodist Church

INTRODUCTION

The following documents comprise the Safety Policy for Fairport United Methodist Church (FUMC):

Guidelines for employees and adult volunteers who work with youth, children and vulnerable adults -

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Response & Reporting Plan in the event of suspected abuse – **Page 5**

Report of Suspected Incident of Child Abuse – **Page 6 & 7**

Accident Report Form - **Page 8**

Volunteer Application Form – volunteers – **Page 9 & 10**

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It is a reality that accidental injury, child abuse, sexual misconduct, and false accusations occur wherever humans exist. While it is impossible to completely insulate anyone from these occurrences, steps can be taken to greatly reduce the risk of harm to youth, children, vulnerable adults, and those who work with them.

RESPONSIBILITIES

For this policy to be effective, *all* members of FUMC must be alert to possible violations and must report these violations or possible violations. If a member of the FUMC church family suspects that another community member is engaged in activities this policy addresses, it is the responsibility of that member to report that activity to one of the pastors. Church Council members, representing the leadership of each ministry team involving contact with youth, children and vulnerable adults, are responsible for the initial approval and subsequent annual updates of the policy. Individual ministry team leaders/staff and a pastor are responsible for assuring that the requirements outlined in this document are followed within their ministry areas of including the completion of all required paperwork as indicated in this document. That same team leader/staff working with a pastor will ultimately determine the acceptance/decline of a volunteer. A pastor is responsible for receiving all required paperwork and assuring that the record keeping and related actions stemming from the procedures contained within this policy are being followed. All files associated with compliance to this policy will be maintained in confidence within the locked pastoral files. Record retention will be duration of activity plus 8 years.

Date of approval of this policy - *September 5, 2006*

DEFINITIONS

1. A **child** is anyone under the age of 18 years old.
2. A **vulnerable adult** is a person (whose age is 18 or over) who:
 - Is either chronically or acutely: in need of community care services by reason of mental or other disability, age, or illness
 - is or may be unable to take care of him or herself; and/or, unable to protect him or herself against significant harm or exploitation.
3. A **volunteer** is a person who works with youth, children or vulnerable adults in any unpaid capacity.
4. A **Volunteer in a Leadership Role** is an adult, ideally over 21, but minimally over the age of 18, with responsibilities for organizing and/or supervising activities involving youth, children or vulnerable adult participants OR with responsibilities for coordinating and/or supervising other volunteers.
5. **Youth, child or vulnerable adult abuse** refers to any non-accidental injury; any sexual activity or sexual exploitation; or any neglectful treatment or maltreatment that harms the health, welfare, or safety of a child or vulnerable adult. This includes the following types of abuse:
 - a. **Physical abuse:** Causing deliberate and intentional bodily harm or pain to a youth, child or vulnerable adult.
 - b. **Emotional abuse:** Verbal and/or nonverbal emotional cruelty to a youth, child or vulnerable adult. Emotional abuse sends a message to the victim that he/she is worthless, bad, unloved, and undeserving of love and care.
 - c. **Neglect:** Endangering a youth's, child's or vulnerable adult's health, welfare, and safety through negligence. This includes but is not limited to withholding food, medical care, affection, affirmation, clothing, shelter, hygiene, or education.
 - d. **Sexual abuse:** Sexual contact between an adult and a youth/child, an older and/or more powerful youth/child and a youth/child, or an adult and a vulnerable adult. Sexual abuse may include but is not limited to: fondling, inappropriate touching, intercourse, incest, exploitation, or exposure to pornography and/or prostitution.
 - e. **Ritual abuse:** Intentional abuse of a physical, sexual, or psychological nature inflicted on a youth, child or vulnerable adult in a stylized way by a person (or multiple persons) with responsibility for the victim's welfare. Ritual abuse may include cruelty or threats of cruelty to animals, and repetitious threats of sexual or physical violence to the victim, or other persons related to the victim.

FUMC Guidelines for Employees and Adult Volunteers Who Work with Youth, Children and Vulnerable Adults

GENERAL GUIDELINES

1. Volunteers in Leadership Roles and employees will be ideally over 21 years of age, but must be minimally 18 years of age.
2. Volunteers and Volunteers in Leadership Roles and employees must complete and sign an **APPLICATION FORM**. Volunteers under 18 years of age must have co-signature of a parent or guardian.
3. Volunteers in leadership roles and employment applicants must submit a notarized **STATEMENT OF CONVICTIONS**.
4. Volunteers in Leadership Roles and employees must agree to abide by the adopted Safety Policy of the Fairport United Methodist Church.
5. Volunteers, Volunteers in Leadership Roles, and employees and assistants shall make every effort to avoid being alone with one child/youth. This will be stated henceforth as the two-adult supervision rule.
6. Any person who has been convicted of sexual abuse will not hold any position involving youth/children/vulnerable adults or volunteer work with youth/children/vulnerable adults in any church-sponsored activity.
7. A personal interview will be held for all new volunteers and employees by the appropriate Team /Ministry leaders or the Pastor before working with children and/or youth.
8. A **REFERENCE CHECK FORM** will be completed by the appropriate Team /Ministry leaders or the Pastor before working with children and/or youth.
9. A **VOLUNTEER COMMITMENT FORM** will be signed by all volunteers before working with children and/or youth.
10. Approval of volunteers to be completed by appropriate team ministry leader or staff member in conjunction with a pastor.
11. Hiring for all new employees will be contingent on completion of the checks outlined by SPRC.

PHYSICAL SURROUNDINGS

1. Classrooms, offices, and other rooms should have door windows which make the rooms clearly visible to outside observers. Rooms without clear visibility will have a door open whenever youth, children or vulnerable adults are present.
2. Spaces used for children and vulnerable adults should be clean and free from safety hazards, such as chipping paint, toxic chemicals, fire hazards, etc. Fire exits must also be readily available with exit routes clearly marked in each room.

3. Scheduled activities must conform to the Safety Policy of FUMC. Two-adult supervision is always necessary.
4. An **ACCIDENT REPORT FORM** will be filled out for all accidents on the property of Fairport United Methodist Church

OTHER CONSIDERATIONS

1. Abuse may happen between youth, children, between vulnerable adults, or any combination of the three. Volunteers and employees should be aware of potentially abusive and/or misconduct situations whether physical, emotional, or sexual. There must be supervision at all times to minimize the possibility of this type of abuse.
2. If any abuse is suspected, refer to **RESPONSE AND REPORTING PLAN** section of this document.
3. Safety issues and considerations to be addressed by sponsoring ministry as part of planning.

TRANSPORTATION

1. Adults transporting children or vulnerable adults must have a valid driver's license and must be at least 25 years of age.
2. Private vehicles used for transportation must have a current inspection and registration and be properly insured to, at least, the New York State minimums.
3. There must be a seat belt (and appropriate child restraint for those required by NYS law) for every youth/child/vulnerable adult that is transported in any vehicle other than a bus. Adults are responsible to see that they are used.

PERMISSION FORMS

1. A detailed **MEDICAL RELEASE FORM** must be filled out by a parent or guardian for each child prior to any off-site activities and/or overnight activities.
NOTE: This Health Information Form shall be good for one (1) year.
2. A general **PERMISSION FORM** must be completed for each off-site activity that takes place during regularly programmed time; ie. Sunday School or Youth Group
3. An event-specific **PERMISSION FORM** must be completed and signed by a parent or guardian for any off-site activities and/or overnight activities that do not take place during typical ministry hours. The sponsoring ministry is responsible for originating this document.
4. Children will be released from Sunday School classes as follows: PreK through grade 2 will be released only to parent/guardian unless a **CLASS RELEASE INFORMATION FORM** is completed. Children grade 3 and up will be released at the end of class time to meet their parent/guardian.

RESPONSE & REPORTING PLAN

In the event of a suspected abuse situation:

Immediate care is to be provided for the victim and if a youth or child is involved, a parent or guardian is to be notified immediately. Vulnerable adults may have a guardian, in which case, the guardian is to be notified immediately. **If there is an injury, call 911.** DO NOT confront the accused. Safety of the victim is the first priority.

Notification of incident:

- If the incident involves a layperson(s), immediately contact the Pastor. The Pastor will contact the police and/or Child Protective Services and will also notify the following:
 - parent or guardian
 - Bishop's office (Bishop's office will notify District Superintendent)
 - Church insurance company
- If the Pastor is not available or if the incident involves a Pastor, contact the designated church lay leader. This lay leader will contact the police and/or Child Protective Services and will also notify the following:
 - parent or guardian
 - Bishop's office (Bishop's office will notify District Superintendent)
 - Church insurance company
- If the Pastor and/or the designated church lay leader are not available within 1 hour of the first contact, the recorder is to notify the police and/or Child Protective Services directly.

Documentation of Incident

- A recorder will start a written narrative/documentation of incident immediately. Typically this will be a person working in cooperation with Utilize **Report of Suspected Incident of Child Abuse** (sample attached). All reporting must be in ink or typed. Copies of all reports are to be filed in a secure location at each of the following locations:
 - Church Office
 - District Superintendent's Office
 - Bishop's Office
- **Media:** Questions from the media should be referred to the Conference Director of Communications, Marilyn Kasperek, at the following phone numbers: (work) 716-542-9615 or (home) 716-564-2316 or (cell) 716-984-4673.

9. Call to local law enforcement agency: _____
Date/time: _____ Spoke with: _____
Summary: **Name of person making contact:** _____

10. Other contacts:
Name(s): _____ Date/time: _____
Summary: **Name of person making contact:** _____



Fairport United Methodist Church
Accident Report Form

Please print all information

Date of accident: _____ Time of accident: _____

Name of person injured _____ Age _____

Address of injured _____

Location of accident _____

Name(s) of persons who witnessed the accident:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Describe accident:

Signature of person filling out report form

Date



Fairport United Methodist Church
Youth & Children's Ministry
Volunteer Application

General Information

Name: _____ Today's Date: _____
Last First MI

Address: _____

How long at this address? _____

If less than 5 years--

Previous address _____ years at address _____

Contact information –

Phone: _____ Email _____

Employer: _____

Work Status: part time full time student

Marital Status: single married divorced

Are you over the age of 18? Yes No

Qualifications

First Aid Training? No Yes - Date Completed _____

CPR Training? No Yes - Date Completed _____

Previous volunteer experience working with children and/or youth

Personal and Spiritual History

Write briefly about significant events in your life that have impacted you spiritually.

How you describe your spiritual journey now?

Are there any special issues or concerns happening in your life right now that would have an impact in your commitment and involvement in the youth ministry? (e.g. relationships, other commitments, etc.)

References – other than family members

1. Name _____

Address _____

Phone _____

Length of time you have known reference _____

Relationship to reference _____

2. Name _____

Address _____

Phone _____

Length of time you have known reference _____

Relationship to reference _____

The information contained in this application is correct to the best of my knowledge. I, undersigned, give my authorization to Fairport United Methodist Church or its representatives to release any and all records or information relating to working with minors. Fairport United Methodist Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a youth or children's volunteer. I understand that the personal information in this application will be held confidential by the professional Church staff.

signature: _____ today's date: _____

If Under age 18 signature of parent or guardian _____



Fairport United Methodist Church
 Youth & Children's Ministry
 Reference Check

Applicant Name: _____ Today's Date: _____

Reference Interview with _____

Phone Number _____

- In what capacity do you know the applicant? _____
- How long have you known the applicant? _____
- How well do you know the applicant? _____
- Is there a particular age group that you see this person being gifted to work with?

- This person has indicated an interest in volunteering with our _____ ministry.
 Would you have any reservations? _____

- How would you describe their ability to interact with youth and children in the following areas?
 As a role model _____
 As an authority figure _____
 As a mentor _____

- Do you view this person as:
 loving _____ sensitive to needs of others _____
 open minded _____ relating well to others _____

- How would you feel about having the applicant as a volunteer worker with your child and/or youth?

- Do you know of any characteristics that would negatively affect the applicant's ability to work with children and or youth? If so, please describe

Reference inquiry completed by _____



Fairport United Methodist Church
Youth & Children's Ministry
Volunteer Commitment

After observation of the ministry, time I have spent in prayer, and discussing with my family the commitment involved with being a volunteer at FUMC, I choose to commit to the following:

- I am committed toward growing and maturing in my relationship with God through quiet times and active attendance at church.
- I am committed to choices and a lifestyle that is Godly and make a concerted effort to follow Christ's example, knowing that my lifestyle is a model for the students.
- I am making a commitment to the youth/children's ministry for at least the full school year.
- I will attend volunteer meetings associated with my volunteer position.
- I understand that as a volunteer I commit to following and holding the youth/children accountable to the permission slip guidelines that have been established and published for an event or activity.
- I possess a valid driver's license - State _____ # _____ Exp _____.
- My vehicle's inspection and insurance coverage are current.
- I am over 25 years of age which meets the minimum age requirement for drivers on the Fairport UMC insurance policy.
- I will make a committed attempt to help recruit at least one other adult volunteer for our growing needs in the youth & children's ministry.
- I understand the three fold nature of the spiritual journey and will endeavor to make it real in my life.
 - Worship-We urge everyone to develop a pattern of regular worship of God, both with the congregation and individually. In worship we are nourished by God for a life of faith and discipleship. Through praise, confession, and forgiveness, through affirming our faith together, through hearing the biblical story read and listening to interpretation of it, through sacraments, through our rededication to Christ as disciples...in all of these ways we are refreshed and renewed for the journey.
 - Service - Our mission statement says "we are called to bring God's love to all the world"—we serve the God we are coming to know by serving others, by sharing in many varieties of love, justice and peace activities, guided by and depending on the gifts God gave us.
 - Learning - The statement goes on "and nurture God's people on the journey"; disciples need to be fed in different and deepening ways than are possible from worship alone. We need to be formed spiritually by engaging in study and prayer with others who are also on the journey. We cannot offer others what we do not have ourselves.

Signature: _____ Date: _____



Dear

The overall vision for our Youth and Children's Ministries is to show each youth and adult that they are loved and valued, not only by the members of our church but most importantly by God. We feel this is best accomplished through meaningful adult to child/youth relationships. Because we encourage these relationships it is our responsibility to ensure the safety of our children, youth and adults.

For this reason we are asking each adult volunteer to provide Fairport United Methodist Church with a notarized Statement of Convictions. The form has been provided for you and is attached. On this statement we ask you to include all felony, misdemeanor and violation convictions. Please be sure to include any moving (traffic) violations you have received in the past 5 years.

Please fill out the attached form, have it notarized, and return to John McNeill at 31 West Church Street, Fairport, NY 14450. Information that you provide will be held in confidence. Most banks, including Fairport Savings and Loan, offer notary service for a small fee. If you have any questions or concerns, please contact either John McNeill or Pam Renfro.

In caring for students and adults, we believe it is our responsibility to seek adult volunteers and staff who are able to provide healthy, safe and nurturing relationships. Your help in this is most appreciated.

The Church Council of Fairport United Methodist Church



Fairport United Methodist Church
Notarized Statement of Convictions

Please complete this form and have it notarized.
Please return it to John McNeill, 31 west Church Street, Fairport, NY 14450

Have you ever been convicted of a felony, misdemeanor or violation? ____ Yes ____ No

If "yes", please provide complete information listing date of conviction, court, sentence (if any), and final disposition.

Felony or Misdemeanor				
Date of Conviction	Court	Sentence	Final Disposition	

Violation (including traffic) Last 5 ys.				
Date of Conviction	Court	Sentence	Final Disposition	

Under penalty of perjury, I certify that I have never been convicted of a felony or misdemeanor.
If this applies to you, please initial here: _____

Name _____

Signature _____

Date _____

Notary _____

Signature _____

Seal



Fairport United Methodist Church
Children's Ministry
Class Release Information

For the safety of our children we require that all children PreK through 2nd grade be picked up by a parent. Children 3rd grade through 5th grade may be released either to an older sibling or on their own to meet you in a pre-designated location only if you indicate that information below and sign.

Please note that many of our teachers need to pick up their own children from their classrooms. Your timely pick up of your child will allow them to pick up theirs!!

Thanks so much for your cooperation!!

My child _____ will be picked up by _____
Print First Name/ Last Name *Please Print*

or can be released on their own to meet me at _____.

Parent Signature *Date*



Fairport United Methodist Church
Youth & Children's Ministry
General Permission Slip

Please complete the following, sign and return to _____ if you would like your child to participate in the following activity.

The _____ will be _____. The trip will take
Group/Class *Activity/Destination*
place from _____ on _____.
Time *Day, Date*

_____ will provide transportation in their vehicles.
Adult participants

I give my permission for my child _____ to participate in the event described above. I understand that this event will take place off Church property and my child will be under the supervision of the above listed adult participants. I consent to these conditions, including the method of transportation.

Parent/Guardian Signature _____

Contact information in the event of an emergency

Home phone _____

Cell Phone _____

Other Phone _____

e-mail Address _____
for purpose of reminding of activity



Fairport United Methodist Church
Youth & Children's Ministry
Medical Release Form

_____ of _____
Parent/Guardian Name Address, City, State, Zip
Am the _____ of _____
Relation Youth/Child's Name
Of _____
Address, City, State, Zip

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while

_____ is absent from home _____ to _____.
Youth/Child's Name Date Date

Youth/Child's Date of Birth _____

Parent(s)/Guardian(s) Phone Numbers

Name _____

Work _____

Home _____

Cell _____

Physician: _____ Dentist _____

Phone Number _____ Phone Number _____

Medical Insurance Company _____

Policy Number _____

Name of Insured _____

Additional information needed on back

The Following information is needed by those chaperoning your youth/child and will be needed by medical personnel in the event that emergency care is sought. Please be specific and complete.

Allergies _____

Medications being taken _____

Does youth/child carry medication with him/her? _____

Can youth/child self medicate? _____

Date of last tetanus shot: _____

Physical impairments: _____

Other pertinent facts to which physician should be alerted:

If parent/guardian cannot be reached in case of emergency, call:

_____ Phone _____

_____ Phone _____

In a medical emergency, I consent to the chaperone or appointed agent, his/her or their discretion in using, taking, arranging for or consenting to the procedures or treatment necessary. I agree to indemnify and hold harmless the Fairport United Methodist Church, the individual members, agents, employees and representatives thereof, for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above named member arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above named member and will not hold the Fairport United Methodist Church responsible in the event of a medical emergency.

Signature of parent or guardian

Date