



Fellowship Bible Church Children's/ Youth Worker Policy

This ministry is committed to providing a safe and secure environment for those participating in our ministry activities—children, youth, and disabled adults. We also seek to minimize any vulnerability to unwarranted accusations of improper behavior that our organization, volunteers, and employees may experience as they fulfill their ministerial duties. To fulfill these commitments as fully as possible, our leadership team has adopted the following procedures to be used, without exception, when selecting ministry volunteers and new employees.

Volunteer Screening Procedures

1. Prior to consideration, all candidates seeking a volunteer position that involves working with children, youth, or disabled adults will complete and return an initial ministry application. (*See Volunteer application form beginning on page 4.*)
2. The pastor and designated leader will carefully review the application, ensuring that the candidate is an appropriate match for the ministry position. The pastor will store all application materials—the application form, background checks, reference check, notes from interviews, etc.—in a locked file cabinet or other secure location.
3. If the individual appears to be an appropriate candidate for the ministry position, the ministry leader, or designee, will check at least two references to confirm the information that the candidate provided on the ministry application. The pastor will conduct a criminal background check through a state law enforcement agency or other provider of such services. (*See the Volunteer application on pages 4–6.*)
4. When indicated by our reference and/or background checks, volunteer candidates who pose a threat to others, or have a prior history of physical or sexual abuse directed against another person, will be removed immediately from consideration for ministry positions anywhere within our organization.

Employee Screening Procedures

1. The same procedures required for volunteer workers also apply to all potential employees, regardless of the ministry position for which they are being considered.
2. In addition, a criminal background check performed through a state law enforcement agency is required for all potential employees.
3. When indicated by our reference and/or background checks, employment candidates who pose a threat to

others, or have a prior history of physical or sexual abuse directed against another person, will be removed immediately from consideration for employment anywhere within our organization.

Waiting Period

All volunteer candidates must be regularly involved in our organization for six months or more before they will be considered for any ministry position involving contact with children, youth, or disabled adults.

Supervision

1. At least two screened adults must be present at every function and in each classroom, vehicle, or other enclosed area during all children's and youth activities. One or more of these adults must be 21 years of age or older. For large groups, the number of adult supervisors must be increased in accordance with state student/teacher ratio requirements.
2. Two or more adults must be assigned to monitor children's, youth, and disabled adult activities in areas outside the location of a ministry service or event that is in progress. The adults assigned must have been previously approved through our ministry screening process.
3. Workers should arrive at least 10 minutes before a scheduled activity. They must remain at their assigned post until all people in their care have been picked up by an authorized person. No children or youth should be released to find their parents or wait unattended for transportation.

Counseling

1. When workers meet with individuals for spiritual/emotional counseling, we encourage team counseling by two screened adults. If only one screened individual conducts the counseling session, it should be conducted in view of another screened worker through a window or an open door.
2. All counseling sessions should be limited to three occasions for no more than 30 minutes at a time. If more counseling is required, a professional counselor should be recommended.
3. Secure prior written permission from parents/guardians and a worker's supervisor if the individual being counseled is a minor. If the person being counseled is an adult employee or volunteer, secure prior approval of the worker's supervisor.

Work Restrictions

1. For children age 6 or older, at least one adult female should take girls to the restroom, and one

- adult male should take boys to the restroom. The adult should check to make sure the facility is safe and then wait outside the restroom for the children. The presence of a second adult escort is also recommended—perhaps a premises monitor (*described in paragraph 2 under SUPERVISION, page 1*) could provide this additional accountability.
- Children age 5 or younger (boys and girls) should be assisted as needed in the restroom by an adult female.
 - Never touch a person’s private areas except when necessary, as in the case of changing a diaper.
 - Workers should avoid the appearance of impropriety—such as sitting older children on their lap, kissing, or embracing others, etc.
 - Workers are to release children in their care only to parents, guardians, or persons specifically authorized to pick up the child.

Discipline

- Workers are never to spank, hit, grab, shake, or otherwise physically discipline anyone. Physical restraint should only be used in a situation where it is reasonably necessary to prevent an individual from physically harming himself or another individual.
- Disciplinary problems should be reported to the ministry activity coordinator or supervisor or to a parent or guardian.

Injuries or Illness

- Persons who are ill (with a fever, or a communicable disease that can be transmitted by cough or by touch) will not be permitted to participate in any ministry activity.
- A suitable worker—one who has been previously approved through our ministry screening process—must be used to take the place of a worker who is ill.
- Participants should be returned to their parent or guardian as soon as illness is discovered. If immediate return is not possible, then the person who is ill should be isolated in a manner that allows an adult worker to monitor the participant until he/she can be returned to a parent or guardian.
- Take reasonable steps to avoid contact with blood, saliva, or other bodily fluids.
- Ministry coordinators and supervisors who become aware of an injury to a worker or participant will take steps to ensure that proper medical attention is given to the injured person and provide for continued monitoring of the remaining activity participants.
- Persons who have received an injury that is obviously minor should be given first aid as needed at the time of injury. The individual’s parents or guardians should be notified of the injury when they pick up the injured person.
- Any injury that may require medical treatment

beyond simple first aid should be given immediate attention. The parents or guardians of the injured person should be notified immediately, along with the ministry worker’s coordinator or supervisor. If warranted by the injury, emergency medical personnel should be called.

Recordkeeping

- All ministry functions involving children, youth, and disabled adults should maintain an attendance list for every function. Record the date of the function, along with the names of all participants, ministry coordinators, and supervisors.
- Ministry workers should prepare a written Notice of Injury report whenever an injury occurs during a ministry function. (*See Injury form on page 9.*) Promptly forward the incident report to the ministry coordinator or supervisor.

Notice of Injury, Abuse, or Molestation

- Volunteer or paid ministry workers who become aware of any injury, abuse, or molestation occurring within any ministry activity must immediately inform their activity coordinator, supervisor, or ministry leader.
- Activity coordinators and supervisors who become aware of any injury, abuse, or molestation connected with a ministry activity must immediately inform the ministry leader about it. The ministry leader should then complete a Notice of Injury form. (*See Injury form on page 9.*)
- Ministry leaders who become aware of possible abuse or molestation of a participant must ensure that the participant’s parent or guardian is immediately informed that possible abuse or molestation has occurred. The ministry leader also will ensure that an attorney is immediately contacted to provide a written opinion as to whether the organization should report the abuse or molestation to law enforcement authorities. The written opinion should be obtained within 24 hours after the ministry leader first becomes aware of the situation. The attorney’s advice should be acted upon immediately, including reporting the incident to the authorities. An attorney also should be contacted immediately if the ministry leader or activity monitor becomes aware of possible abuse or molestation of a participant by a parent or guardian.
- Ministry leaders must promptly notify our ministry’s insurance carrier (general or professional liability insurance) upon notice of abuse or molestation. Also notify the Executive Pastor, to whom we also report such allegations.

Violation of Policy or Procedures

- Ministry workers must promptly notify their ministry coordinator or supervisor when they or others violate the procedures mandated by this policy.

2. Ministry coordinators, supervisors, and ministry leaders who become aware of a violation of the procedures set by this policy are required to take all necessary steps to ensure future compliance with them. In the process of ensuring compliance with this policy, it may become necessary to remove workers from their positions.

Internal Investigation

1. This ministry organization considers any allegation of abuse or molestation a serious matter. Each situation will be fully investigated by ministry leaders, always with the assistance of legal counsel and civil authorities.
2. Employees who are the subject of an investigation will be removed from their position, with pay, pending completion of the investigation. Employees who admit to the abuse or molestation will be terminated consistent with the established employment practices of this ministry.
3. Volunteer subjects of any investigation will be removed from their positions pending completion of the investigation.
4. This ministry will permanently remove any employees or volunteers from their ministerial duties within the organization if they are found guilty of abuse or molestation. Whenever termination of employment is a factor, we also will consult with legal counsel.

Dealing with Law Enforcement, News Media

1. All ministry leaders, employees, and volunteers of this ministry will cooperate fully with law enforcement or governmental agencies investigating allegations of injury, abuse, or molestation.
2. The leadership of this ministry will seek legal counsel as soon as possible after we receive notice of possible abuse or molestation within the organization. Advice from legal counsel will be the basis for our response to the allegations.
3. One individual—a member of the leadership team, a staff member, a ministry leader, or our attorney—will be the designated spokesperson to handle all inquiries from the news media. Our spokesperson will be the only person to convey information concerning the situation, doing so in a prudent manner to avoid compromising an ongoing investigation and to maintain the privacy of the individuals involved.

Annual Review

1. Each year, we will conduct a review meeting. At that time, the procedures mandated by this policy will be reviewed with all volunteers, employees (regardless of their position), ministry coordinators and supervisors, and the leadership of the organization.
2. Paid ministry employees and all volunteers working in any capacity with children, youth, or disabled adults will complete a brief renewal application annually. (*See the Worker Renewal Application form on page 7.*)
3. Should the renewal application indicate that any employees or volunteers have become unsuitable for working with children, youth, or disabled adults, they will be removed immediately from their current position. They will not be considered for positions involving work with other similar groups.

Revision of Policy and Procedures

The leadership of this ministry, with the assistance of legal counsel, will regularly review this policy and the procedures established within it. If necessary, the policies and procedures will be modified in accordance with the bylaws of the organization. When changes are made, ministry leaders will communicate them to all employees and volunteers affected by the policy changes.



Fellowship Bible Church Children's/ Youth Work Application

Name: _____

Daytime telephone: _____

Address: _____

Age range: 18 or younger 19–25 26 or older

In which children's/youth program(s) do you want to become involved? _____

What skills would you bring to the children's/youth program? _____

What other children's/youth work experience do you have? (Please list)

Organization	Program	Dates	Contact

Have you at any time:

- Ever been arrested for any reason? Yes No
- Ever been convicted of, pleaded guilty to, or no contest, to any criminal offense of any kind? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

- Any traits or tendencies that you possess that could pose any threat to children or youth? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes," please explain in Detail: _____

(Please attach additional pages if more space is needed)

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Fellowship Bible Church Children's/ Youth Work Application

Church Activity

What church or churches have you attended in the past five years?

Church Name

Pastor's Name

Years Attended

References: Please provide the names of at least two independent references (no relatives) that can be contacted to provide input on the applicant's qualifications for working with children.

Name / Relationship

Address

Phone



Fellowship Bible Church Children's/ Youth Work Application

Children's/Youth Work Verification and Release

I recognize that Fellowship Bible Church is relying on the accuracy of the information I provide on the Children's/Youth Work Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the Children's/Youth Work Application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the Children's/Youth Work Application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: _____

Signature: _____

(Please read this document carefully before you sign it.)



Fellowship Bible Church
Children's/ Youth Work Application
Worker Annual Renewal Application
Volunteers and Employees

Name: _____ Daytime telephone: _____

Address: _____

Age range: 18 or younger 19–25 26 or older

Which area(s) of this ministry are you currently involved? _____

What other areas of this ministry, if any, do you plan to become involved? _____

Have you at any time ever:

- Been arrested for any reason? Yes No
- Ever been convicted of, pleaded guilty to, or no contest, to any criminal offense of any kind? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

- Any traits or tendencies that you possess that could pose any threat to children or youth? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes," please explain in detail: _____

Worker Renewal Work Verification and Release: Volunteers and Employees

I recognize that Fellowship Bible Church is relying on the accuracy of the information I provide on the Worker Renewal Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I voluntarily release the organization and any such person or entity listed on the Worker Renewal Application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of the organization, and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: _____

Signature: Date: _____



Fellowship Bible Church Children's/ Youth Work Application

Reference Response Information

To: _____
Name of Ministry

From: _____
Address

Subject: _____
Name of Worker Candidate

The individual named above has expressed an interest in working with children or youth in our ministry. The candidate has listed you as a reference. In order for our organization to properly evaluate the qualifications of this worker candidate, we are asking you to complete this form with your honest opinions and impressions of the candidate.

Please return the completed form to our organization in the enclosed envelope. Thank you for your assistance.

1. How long have you known the ministry worker candidate? _____

2. In what capacity have you come to know this individual? (i.e. coworker, neighbor, friend, etc.) _____

3. In your opinion, is the above worker candidate fully qualified to work with children and youth?
Yes ___ No ___ (If no, please explain) ? _____

4. What concerns, if any, would you have in allowing this individual to work with children or youth? _____

5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth? Yes ___ No ___ (If no, please explain) ? _____

Additional comments or explanations: ? _____

The above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please return this form at your earliest convenience to: _____

Thank you.



Fellowship Bible Church Notice of Injury

Organization	Name: _____ _____ Address: _____
Time and Place of Injury	Date of Injury: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Where did the injury occur? _____
Person Injured	Name: _____ Age: _____ Address: _____ Telephone: _____ Name of parents/guardians (if a minor): _____ Employer: _____ Injuries sustained: _____ Where was injured taken? (hospital/doctor): _____ Relationship to organization: <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Student/Camper <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Other If injury occurred on insured's premises, for what purpose was the injured on the premises? _____ Who was responsible for supervision at the time of injury? _____ If injury occurred elsewhere, what connection did it have with the insured's operations or activities? _____ Does the injured party have personal medical insurance that could apply? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medical insurance company: _____ _____
Full Description of Incident	_____ _____ _____ _____
Witnesses	Name _____ Telephone _____ Address: _____ Name: _____ Telephone: _____ Address: _____

Signature: _____ Date of Report: _____



Fellowship Bible Church Activity Participation Agreement

Activity Information *(To be completed by the activity sponsor)*

Name of sponsoring organization: _____
Address: _____ Telephone: _____
Name of sponsor's coordinator: _____ Telephone: _____
Description of activity: _____
Date(s) and location of activity: _____

Participant Information *(To be completed by participant or authorized guardian)*

Name of participant: _____
Name of parents/guardians: _____
Address: _____ Telephone: _____
Name of emergency contact: _____
Telephone (daytime): _____ Telephone (evening): _____
List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No
Is participant covered by personal/family medical insurance? Yes No
If yes, name of insurer: _____
Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____

(Participant and/or parent/guardians if participant is a minor)