

Youth/Adult Protection

Policies, Procedures & Guidelines

for

Ministry Workers

(Your Name) Evangelical Lutheran Church

Church Address

City, State & Zip Code

Preface

Report of the District President

Arizona – California District Biennial Convention, June 10-12, 2002

The ongoing and widely publicized difficulties the Roman Catholic Church is experiencing with allegations of sexual abuse by priests should serve as a caution to us all. It's essential to put into place policies and procedures that will minimize the possibility of children becoming victims of sexual abuse while participating in church or school functions. Sexual abuse is not just a Roman Catholic phenomenon; it can happen anywhere. Of course, merely having policies and procedures without implementing and following them will do little good. Congregational leaders and called workers must view as a critical issue both the spiritual and physical welfare of those entrusted to our care. The church or school's insurer is frequently the best resource for those who want to address these issues.

As reaction to the District President's Report, Resolution No.3 was presented and approved by the convention voting body.

Resolution No. 3

- WHEREAS 1) We are all aware of the responsibilities place upon congregational leaders and called workers to provide for the spiritual and physical welfare of those entrusted to them; and
- WHEREAS 2) it is important to have policies and procedures in place that would guard against any sexual abuse in our churches and schools; and
- WHEREAS 3) it is important to implement and follow those policies and procedures; therefore be it
- Resolved, a) That we encourage our churches and schools to review the policies and procedures that they may have in place for providing a safe setting for all; and it be it further
- Resolved, b) That if they are lacking policies and procedures, our churches and schools be encouraged to enact ones that reflect GOD's will in this area; and be it finally
- Resolved, c) that our churches and schools be encouraged to draw upon the expertise of their insurance company and other appropriate sources for suggested policies and procedures.

On the basis of the above statement made by District President Janke and the Resolution No. 3, the following document is being proposed for implementation by (Your Name) Evangelical Lutheran Church, Church Address, City, State, Zip Code

**Child/Youth Protection
Policies, Procedures & Guidelines
for
Ministry Workers
of
(Your Name) Evangelical Lutheran Church
Church Address
City, State, Zip Code**

And whoever welcomes a little child like this in my name welcomes me. But if anyone causes one of these little ones who believe in me to sin, it would be better for him to have a large millstone hung around his neck and to be drowned in the depths of the sea.

(Matthew 18:5-6)

Policy Statement

In order to provide a safe and secure environment for our ministry participants, and to minimize the ministry's and workers' vulnerability to unwarranted accusation, the following procedures have been adopted and shall be strictly enforced.

Authorized Ministry Programs

Only programs that have been authorized and approved by the church body (Church Council) are to be conducted under the direction of church ministry personal.

Volunteer Worker Screening Procedures

1. Consideration for working with children, youth, or the disabled shall complete and return an initial "Ministry Work Children/Youth Application" prior to consideration. (Form#1).
2. The "Ministry Application Form #1" shall be reviewed by a ministry leader or designee to insure that the worker is appropriate or suited for the ministry position.
3. The information on the application shall be verified by a minimum of two references on the "Reference Response Information" (Form #2).
4. No candidate shall be considered who has a history of physical abuse, emotional abuse, child neglect, or sexual abuse.
5. Criminal background check shall be performed through a state law enforcement agency when appropriate.
6. Arizona's Department of Public Safety Sex Offender InfoCenter Internet site www.azsexoffender.com shall be accessed to insure that the applicant is not registered.
Note: **Those in California, Nevada and New Mexico will need to review the availability of such information in that state.**

Employee Screening Procedures

1. Procedures set forth for volunteer workers shall apply to potential employees, for all ministry position. (Forms #1 and #2).
2. A criminal background check shall be performed through a state law enforcement agency with respect to all candidates for employment.
3. Information indicating that a candidate who pose a threat to others or has any prior history of physical or sexual abuse directed against another person will result in the immediate removal of the individual candidate from consideration for employment with this organization.

Waiting Period

Candidate shall be considered for ministry position involving contact with children, youth, or the disabled after the candidate has been regularly involved in (Your Name) Evangelical Lutheran Church for six months or more or shall have been a member of good standing in another WELS congregation

Supervision

1. A minimum two adults, approved as volunteer workers through the above screening process (at least one over the age of 21) shall be present at every function, and in each classroom, vehicle, or other enclosed area. Adult supervisors will be increased in accordance with state student/teacher ratio requirements.
2. A minimum of two adults (who have been approved as volunteer workers through the above screening process) shall be appointed to supervise activity on the premises outside of the room where a service/event is held.
3. Workers shall arrive at least 15 minutes before a scheduled activity and shall keep watch over those in their care until all have been picked up by an authorized person. Children shall not be sent and shall not be released to await transportation.

Work Restrictions

1. A minimum of one adult female should take girls to the restroom, and one adult male shall take boys to the restroom, to make sure the facility is safe, and shall wait outside the restroom until the child comes out.
2. Children five years of age or younger (boys and girls) shall be assisted as needed in the restroom by an adult female
3. Private areas shall not touched except when necessary, as in the case of changing a diaper.
4. Workers shall avoid the appearance of impropriety, male workers shall not hold, kiss or embrace children.
5. Workers shall release children only to parents, guardians, or persons specifically authorized to pick up the child.

Discipline

1. Workers shall never to spank, hit, grab, shake, or otherwise physically discipline anyone.
2. Disciplinary problems shall be reported to the workers' coordinator/supervisor or to a parent or guardian.

Injuries or Illness

1. Persons who are ill (with a fever, or having a communicable disease which can be transmitted by cough or by touch) shall not be permitted to participate in any ministry activity.
2. A suitable substitute (who has been approved as a volunteer worker through the above screening process) shall take the place of workers who are ill.
3. Participants shall be returned to their parent or guardian as soon as an illness is discovered. If this is not possible, then the ill person shall be isolated in a manner that will allow supervision to continue until the person can be returned to their parent or guardian.
4. Reasonable steps shall be taken to avoid contact with bodily fluids of any kind.
5. Any coordinator/supervisor who becomes aware of an injury to a worker or participant shall take steps to ensure proper medical attention is given to the injured person.
6. Persons who have received a minor injury, shall be given first aid as needed at the time of injury. The person's parent or guardian shall be notified of the minor injury when parent/guardian arrives.
7. Injuries that require medical treatment beyond simple first aid shall be given immediate attention: the parent or guardian of the injured person should be immediately notified, along with the worker's coordinator/supervisor. An ambulance shall also be called immediately if warranted by the injury.

Record-Keeping

1. An attendance list shall be kept for all of the ministry's functions involving children, youth, and the disabled. The date of the function, along with the names of all participants and coordinators/supervisors should be recorded.
2. A written incident/notice of injury report shall be prepared by workers whenever an injury should occur during a ministry function (Form #4). The incident report shall be forwarded to the worker's coordinator/supervisor promptly upon completion.
3. A permission slip (Form #5) shall be required and on file for all children that will be participating in church ministry programs.

Notice of Injury, Abuse, or Molestation

1. Workers aware of any injury, abuse, or molestation connected with any ministry activity shall immediately inform their coordinator/supervisor or ministry leader of such injury, abuse, or molestation.

2. A coordinator/supervisor aware of an injury, abuse, or molestation connected with any ministry activity will immediately inform a ministry leader of such injury, abuse, or molestation and will complete a “Notice of Injury” form (Form #4).
3. A ministry leader aware of possible abuse or molestation of a participant will ensure that the participant’s parent or guardian is immediately informed that possible abuse or molestation has occurred. The ministry leader shall ensure that an attorney is promptly contacted to provide a written opinion as to whether the organization shall report the abuse or molestation to law enforcement authorities. The written opinion should be obtained within 24 hours of when the ministry leader first became aware of the abuse or molestation. The attorney’s advice shall be followed.
4. The ministry’s insurance carrier, (general or professional liability insurance) must be promptly notified, as well as any organizational entity (e.g. denominational office) to whom the organization has a duty to report such allegations, upon notice of abuse or molestation,

Violation of Policy or Procedures

1. Workers must promptly notify their coordinator/supervisor of any activity undertaken on their own behalf or by others which violates this policy or procedures.
2. Any coordinator/supervisor or ministry leader who becomes aware of a violation of the policy or procedures shall take all necessary steps to ensure future compliance with the policy and procedures by all workers; and shall remove workers from their position if such removal is warranted, or if the worker poses a potential threat to others.

Internal Investigation

1. An allegation of abuse or molestation shall be taken seriously and shall be investigated by ministry leaders.
2. An employee of the ministry who is the subject of an investigation shall be removed from the position, with pay, pending completion of the investigation (unless the employee has admitted to the abuse or molestation, in which case they will be terminated in accordance with organizational employment practices).
3. A volunteer worker who is the subject of the investigation shall be removed from their position pending completion of the investigation.
4. A person found innocent of alleged abuse or molestation shall not be removed from work with children, youth, or the disabled within the organization. The church shall consult with legal counsel if termination of employment is indicated.

Dealing with Law Enforcement/Media

1. Ministry leaders, employees, and volunteers shall cooperate with any law enforcement or governmental agency investigating allegations of injury, abuse, or molestation in connection with activities of the organization.
2. Legal counsel shall be contacted for advice and guidance promptly when the organization receives notice of possible abuse or molestation in connection with organization activities. Decisions concerning the ministry's response to the allegations shall be made in accordance with such advice.
3. A single organizational leader shall be designated as spokesperson following notice of any abuse or molestation in connection with activities of the ministry. This spokesperson shall be the only person to convey information concerning the situation, and (to avoid compromising any ongoing investigation) shall convey only such information as is necessary under the circumstances.

Annual Employee/Worker Review

1. This policy and procedures shall be conveyed for review annually to all workers, employees, coordinators, supervisors, and leaders to whom it applies.
2. All ministry employees shall complete a brief "Annual Renewal Application" once each year (Form #3). A renewal application shall also be completed annually by all volunteer workers associated with the organization who will be working in any capacity with children, youth, or the disabled.
3. An employee or volunteer worker who has become unsuitable for working with children, youth, or the disabled, shall be immediately removed from their current position, and shall not be considered for other positions involving work with children, youth, or the disabled.

Revision of Policy/Procedures

This policy and procedures will be regularly reviewed with legal counsel and can be modified in accordance with the bylaws of the organization. Any such modification should be promptly conveyed to all persons affected by the modification.

Children/Youth Work Application VOLUNTEERS AND EMPLOYEES

Name: _____ Daytime telephone: _____

Address: _____

Age range: Under 18 18-25 Over 25

In which children/youth program(s) are you currently involved? _____

In what other children/youth program(s), if any, do you plan to become involved? _____

Have you at any time ever:

- | | | |
|---|------------------------------|-----------------------------|
| • Been arrested for any reason? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Been convicted of, or pleaded no contest to, any crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Engaged in any child molestation, exploitation, or abuse? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are you aware of:

- | | | |
|---|------------------------------|-----------------------------|
| • Having any traits or tendencies that could pose any threat to children, youth, or others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Any reason why you should not work with children, youth or others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

(Please attach additional pages if more space is needed)

CHURCH ACTIVITY

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

Church name	Pastor's name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES *(Other than relatives)*

Name/Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT VERIFICATION AND RELEASE

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, 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 herein 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 at all times.

Printed name: _____

Signature: _____ **Date:** _____

Reference Response Information

To: _____

From: **(Your Name) Evangelical Lutheran Church**
Church address
City, State, Zip Code

Regarding: _____
Name of Worker Candidate

To Whom It May Concern:

You have been listed as a reference by the above individual, who has expressed an interest in working with children or youth in our ministry. In order for our organization to properly evaluate the qualifications of this worker candidate, we would like you to complete this form with your honest opinions and impressions of the candidate.

Once completed, please return this form to our organization in the enclosed envelope. Thank you for your assistance in this regard.

1. How long have you known the above individual? _____

2. In what capacity have you come to know this individual? (ie. 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, explain below)

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 yes, explain below)

Additional Comments or Explanation: _____

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

Signature: _____ **Date:** _____

Please return this form at your earliest convenience:

Thank you.

Church Address
City, State, Zip Code

Children/Youth Work Renewal Application
VOLUNTEERS AND EMPLOYEES

Name: Daytime telephone:

Address:

Age range: Under 18 18-25 Over 25

In which children/youth program(s) are you currently involved?

In what other children/youth program(s), if any do you plan to become involved?

Have you at any time ever:

- Been arrested for any reason?
• Been convicted of, or pleaded no contest to, any crime?
• Engaged in any child molestation, exploitation, or abuse?
• Been accused of any child molestation, exploitation or abuse?

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others?
• Any reason why you should not work with children, youth or others?

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

(Please attach additional pages if more space is needed)

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

APPLICANT VERIFICATION AND RELEASE

I recognize that the organization to which this application is being submitted is relying on the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

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

Printed name:

Signature: Date:

Church Address

City, State, Zip Code

Notice of Injury

Organization	Name: _____ Address: _____
Time & Place Of Injury	Date of injury: _____ Time: _____ AM PM Where did it occur? _____
Person Injured	Name: _____ Age: _____ Address: _____ Phone: _____ 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"/> 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 the 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: _____ Phone: _____
	Address: _____
	Name: _____ Phone: _____
	Address: _____

Signature: _____ **Date of Report** _____

(Your Name) Evangelical Lutheran Church
Church Address
City, State, Zip Code

Form #5

Activity Permission Slip

Date _____

As the parent or legal guardian of _____,

I hereby give my permission for him/her to participate in the activity/outing with Christ Evangelical Lutheran Church.

Date(s): _____ Activity _____

Location: _____

Time/Place of Departure: _____

Time/Place of Return: _____

Cost of this activity: _____ For: _____
Required in advance and is non-refundable.

I give permission to the volunteers of the above activity to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named church and its leaders blameless for any accidents that might occur during this activity/outing except for clear acts of negligence or non-adherence to **Policies, Procedures & Guidelines, of (Your Name) Evangelical Lutheran Church.**

EMERGENCY INFORMATION

Insurance Carrier: _____ Policy Number _____

During the activity listed above, I can be contacted at the following phones and will accept long distance calls.

() _____ () _____

Alternate person to contact in the event I cannot be reached:

Name/relation: _____ / _____

Phone number: () _____

At the time of this event

This individual is highly allergic or sensitive to _____

What, if any, medication is this individual taking? _____

Note: Volunteers/Leaders do not accept responsibility for administering medications.

Signature _____
(Parent or Guardian)

Date _____

(Your Name) Evangelical Lutheran Church
Church Address
City, State, Zip Code

Activity Permission Slip (Part 2 -Parents keep this section)

Form #5

Date(s): _____ Activity _____

Location: _____

Time/Place of Departure: _____

Time/Place of Return: _____

Cost of this activity: _____ For: _____

And is required in advance and is non-refundable.

If you need to contact your child and only in the case of an emergency call:

(name) _____ (phone number) () _____

(Note: It may be extremely difficult to make contact, especially if on an outing.)

Please retain this section and return the rest of this form and any cost.