

Youth Safety Policy

Emmanuel Community United Methodist Church
Menomonee Falls, Wisconsin

(Approved 11-7-07)

Table of Contents

GENERAL ACTIVITY SAFETY	3
SANCTIONING:	3
SCHEDULING.....	3
COMMITTEE OVERSIGHT	3
PERMISSION/MEDICAL RELEASE FORMS.....	3
PERMISSION/MEDICAL RELEASE FORMS.....	3
PHOTOGRAPH & VIDEO AND SOCIAL MEDIA, E-MAIL & TEXTING	3
TWO ADULT PRINCIPLE	4
TRANSPORTATION GUIDELINES	4
AGE MINIMUM FOR ADULT LEADERS	4
SUBSTANCES/ILLEGAL MATERIALS	4
SAFETY HAZARD AWARENESS.....	4
TRAINING AND EXPECTATIONS OF ADULT LEADERS	4
MEETING AND ACTIVITY GUIDELINES.....	5
ARRIVALS/DEPARTURES	5
SIGN-IN	5
PARTICIPATION EXPECTATIONS	5
DISRUPTIVE BEHAVIOR	5
DISCIPLINE.....	5
EXCEPTIONALLY EGREGIOUS OR PROBLEMATIC BEHAVIORS.....	5
CHILD ABUSE PREVENTION.....	6
DEFINITIONS OF ABUSE.....	6
SCREENING OF ADULTS	6
OVERNIGHT ACTIVITIES.....	6
COUNSELING OF MINORS.....	6
WINDOWS WITH DOORS	7
ABUSE REPORTING	7
ABUSE FOLLOW-UP	7
APPENDIX A: YOUTH PERMISSION/MEDICAL RELEASE FORM	8
APPENDIX B: ADULT PERMISSION/MEDICAL RELEASE FORM.....	12
APPENDIX C: PHOTOGRAPH, VIDEO AND COMMUNICATION WAIVER.....	15
APPENDIX D: INCIDENT/COMPLAINT REPORT FORM	17
APPENDIX E: CRITICAL INCIDENT REPORTING PROCESS.....	20
APPENDIX F: ABUSE RESPONSE GUIDELINES	22
APPENDIX G: PROGRAM APPLICATION	24
APPENDIX H: ACKNOWLEDGEMENT OF RECEIPT OF YOUTH SAFETY POLICY	27

Youth Safety Policy
Emmanuel Community United Methodist Church
Menomonee Falls, Wisconsin

Purpose: To provide guidelines that will promote our commitment to protecting the safety and well being of minors (defined as youth/children through 12th grade) involved in Emmanuel Community United Methodist Church (ECUMC) related activities, including Youth Fellowship meetings, Sunday School, and other meetings involving youth participation including church sponsored activities away from the church grounds.

Section 1: General Activity Safety

Sanctioning:

All activities involving minors that utilize the building or grounds of ECUMC or activities that are represented as being a youth activity sponsored by ECUMC will require authorization of a staff member, church committee, or authorized committee member.

Scheduling:

To promote accountability and appropriate church oversight, all activities on church property or sponsored by the church which involve minors will be scheduled through the church office and posted on the church calendar located in the main office.

Committee Oversight:

Activities involving minors will be coordinated through standing committees assigned responsibility for those activities.

Youth Permission/Medical Release Forms:

A general **Permission/Medical Release Form for Youth 12th Grade and Younger** (Appendix A) will be used to cover youth activities that are on the church grounds as well as activities off church grounds. The form also covers transportation to designated activities. This form will be completed once per year (all renewed at the beginning of September) and be updated at sign in for each activity. The form will be kept in a confidential, secured file by the Director of Youth Ministries and will be taken to all covered activities by ECUMC staff or designated activity leader(s).

Adult Permission/Medical Release Forms:

A general **Permission/Medical Release Form for Adults Age 18 and Older** (Appendix B) will be used to cover youth activities that are off church grounds. This form will be completed once per year (all renewed at the beginning of September) and be updated at sign in for each activity. The form will be kept in a confidential, secured file by the Director of Youth Ministries and will be taken to all covered activities by ECUMC staff or designated activity leader(s).

Photograph & Video and Social Media, E-Mail & Texting

A **Photograph & Video and Social Media, E-mail & Texting Waiver** (Appendix C) will be used to authorize use of photos, videotapes, and or other likenesses of children and youth for

promotional materials of ECUMC including use on the church website. The form will also be used to authorize communication between staff of ECUMC by methods of Social Media, email and/or texting.

Two Adult Principle:

At least two adults (over 21 years of age) will be required to be present at all activities involving minors in the church building. Although it is preferred that both adults be in the designated activity room, it is permissible for one adult to roam between rooms if more than one area of the church is used (ie: Sunday School Superintendent). The second adult is not to be counted if in the building but involved in an unrelated meeting or activity. **In addition**, activities which take place away from the church require a ratio of 1 adult per 7 youth for senior high age students and 1 adult per 5 youth for junior high age students or younger.

Transportation Guidelines:

At least two unrelated adults (over 23 years old) will be required to be present in each car/van when transporting youth except in the case of an emergency or with written or oral parental permission. No child will ride in a car one to one with an adult other than his or her parent in the course of any ECUMC sponsored activity.

A communication system between vehicles will be established before each trip.

The use of 15 passenger vans is prohibited.

Age Minimum for Adult Leaders:

Key adult youth leaders will be over 23 years old.

Substances/Illegal Materials:

If the possession or use of illegal substances, the abuse of controlled substances, or underage use of alcohol is observed on the grounds of ECUMC or at an ECUMC sponsored or sanctioned activity, the police, parents of the minors involved in the prohibited behavior, the key adult youth leader in charge of the activity, and the Lead Pastor will be notified immediately. The adult who observed or received report of the event will complete an **Incident/Complaint Report** (Appendix D).

Safety Hazard Awareness:

All adult church members participating in youth activities will be aware of escape routes in case of need for evacuation of the building. They must be familiar with the locations and use of fire extinguishers. They must be aware of necessary safety precautions in the event of severe weather or tornado. Escape routes, including windows, must be free from obstruction.

Training and Expectations of Adult Leaders:

ECUMC has adopted a proactive stance regarding the safety of the minors placed in our care. To this end, all adults who will be regularly participating in ECUMC programming with minors must become acquainted with our Youth Safety Policies and the safety information referenced in them on an annual basis. This material will be made available via hard copy and on the church website (www.ec-umc.com). Appendix H shall be signed by adult participants annually and returned to the designated staff member or member of Staff Parish Relations Committee acknowledging receipt and understanding of this safety information.

Adults will use language, behavior, and attitudes which are consistent with the Christian Faith and the vision of ECUMC.

Section 2: **Meeting and Activity Guidelines**

Arrivals/Departures:

Minors being dropped off should arrive only shortly before or at the scheduled program start time(s). Adults bringing minors to church activities are responsible for confirming that the activity is occurring as planned and that the minimum required adult supervision is present before leaving their child or children.

ECUMC Youth Programs cannot be responsible for the transportation arrangements made for students coming to or departing from sponsored activities. Consequently, it is the responsibility of the parent or guardian of each minor to inform their children and the key adult leader of any restrictions they have imposed on their children for transportation to and from activities. The key adult leader will be present at departures until each minor has departed.

Sign-in:

All youth participants are required to sign-in on sign-in sheets for all activities other than Sunday school. Sign-in must include emergency contact information for a parent or guardian.

Participation Expectations:

While ECUMC recognizes that flexibility with regard to youth participation in scheduled activities is necessary, it is expected that youth attending sponsored activities will participate in some aspect of the planned activity. Youth leaving scheduled activities to be in another area engaged in their own chosen activity, especially if that activity requires additional adult supervision, is not permitted unless sanctioned by the key adult leader.

Disruptive Behavior:

ECUMC is committed to providing activities in which the participants, leaders, co-participants from other organizations, and property will be treated with respect and in a safe manner. Any person who violates the spirit of this commitment by inappropriate conduct, significant and willful disruption of activities, willful damage to property, verbal or physical assault on another, or offensive disrespect to another will be asked to leave the activity in custody of her or his parent or guardian or, if warranted, in the custody of the police. An adult witnessing or receiving a report of the incident will complete an **Incident/Complaint Report** (Appendix D).

Discipline:

ECUMC views corrective action for inappropriate behaviors of minors to be within the responsibilities and rights of any adult authorized to provide supervision for any activity sponsored through ECUMC. To this end, the church endorses the use of verbal correction (without abusive content), removal of offending individuals from the activity, distraction from inappropriate behaviors via engagement in constructive participation, structuring activities to minimize boredom and conflict, and reinforcement of appropriate behaviors via reasonable verbal or other more tangible reward to promote appropriate behaviors. Corporal punishment is strictly prohibited.

Exceptionally Egregious or Problematic Behaviors:

Behavior problems that demand a formal response from ECUMC will follow the format outlined by the **Critical Incident Report Process** (Appendix E).

Section 3: **Child Abuse Prevention**

Definitions of Abuse:

ECUMC will actively work to prevent Physical Abuse ("in which a person deliberately and intentionally causes bodily harm to a youth or young child"), Emotional Abuse ("in which a person exposes a youth or younger child to spoken and/or unspoken violence or emotional cruelty"), Neglect ("in which a person endangers a youth's health, welfare, and safety through negligence"), Sexual Abuse ("in which sexual contact between a youth and an adult (or older, more powerful youth) happens", and Ritual Abuse (in which physical, sexual, or psychological violence is inflicted on a youth, intentionally and in a stylized way, by someone (or multiple people) with responsibility for the victim's welfare). Definitions are from: Safe Sanctuaries: Reducing the Risk of Child Abuse in Youth Ministries, Joy Thornburg Melton, Discipleship Resources, 2008.

Screening of Adults:

All adults who regularly interact with minors, including staff and volunteers, must have a completed background check through the Wisconsin Department of Law Enforcement annually and prior to volunteering with children or youth. Background checks will be made through the Staff Parish Relations Committee who will maintain the confidentiality of the findings and provide secured, confidential storage for documentation. Background screening may also include contact with previous church affiliations. (Appendix G) In addition, all employees of ECUMC will have additional fingerprint testing upon hire.

All adults must become acquainted with our Youth Safety Policies and the safety information referenced in them on an annual basis. This material will be made available via hard copy and on the church website (www.ec-umc.com). Appendix H shall be signed by adult participants annually and returned to the designated staff member or member of Staff Parish Relations Committee acknowledging receipt and understanding of this safety information.

Overnight Activities:

For the safety of our youth, it is not permissible for one adult to share the same sleeping space (i.e.: camp cabin, tent, retreat bedroom, or designated sleeping area in a church building) with minors. Sleeping spaces without adults must be readily accessible for adult supervision as needed. No connecting spaces (i.e.: common bathrooms) that are not readily available for supervision will be permitted between minors of disparate ages or opposite sex. Whenever possible, minors at overnight activities should be assigned sleeping space with minors of approximately the same age. Under no circumstance will minors share sleeping space with an adult of the opposite sex.

Under no circumstances will minors of opposite sex be permitted shared sleeping space in an overnight activity. Church lock-ins will have designated and segregated sleeping spaces. Minors who violate this policy will not be permitted to participate in future overnight activities. Adults observing or receiving reliable report of such an incident will notify the key adult leader and Senior Pastor and will complete an **Incident/Complaint Report** (Appendix D).

Counseling of Minors:

One to one counseling sessions between adults and minors at ECUMC or at ECUMC sponsored activities will be conducted behind closed doors. Efforts should be made to minimize the risk that conversations may be overheard. (i.e.: Conduct in a low traffic area or with a radio outside the room to mask conversations).

Windows with Doors:

All rooms used for youth activities will have doors with uncovered, transparent windows.

Abuse Reporting:

All Staff regulated by Wisconsin State Law regarding reporting of Child Abuse will comply with applicable statutes.

Abuse Follow-Up:

In the event that abuse is identified, the Staff of ECUMC will follow the Safe Sanctuaries recommended **Abuse Response Guidelines** (Appendix F).

Appendix A: Youth Permission/Medical Release Form

Emmanuel Community United Methodist Church

Youth Permission/Medical Release Form

12th Grade and Younger Youth

Last Name	Child #1	Child #2	Child #3
Cell Phone			
Email			

Activity: ECUMC School Year June 1, 2017 through June 1, 2018

This form is to ensure informed parental consent for activity or activities sponsored by Emmanuel Community United Methodist Church. It also provides consent for treatment of minors who become ill or injured in the course of the activity or activities if a parent or guardian cannot be reached to give consent. We will make every effort to contact the parent(s) or guardian(s) named below:

Emergency Contact Information:

1st Contact:

Parent/Guardian Name			
Address			
Home Phone		Cell Phone	
Home Email			
Work Phone			
Work Email			
Relationship to Child(ren)			

2nd Contact

Parent/Guardian Name			
Address			
Home Phone		Cell Phone	
Home Email			
Work Phone			
Work Email			
Relationship to Child(ren)			

Insurance Information:

Insurance Company Name (Health)	
Full Name of Insured Cardholder	
Birth Date of Insured Cardholder	
Policy I.D. Number	
Group I.D. Number	
Customer Service Number (back of card)	

***Please have a copy of your health and prescription card on file at ECUMC. Check Here:**

I, the undersigned parent or guardian, do hereby give my permission for my child(ren), listed above to participate in the named activity or activities. In order for my child(ren) to receive necessary medical treatment from medical staff and/or physicians in medical clinic or hospital in case of illness or injury, I hereby authorize the activity leaders to obtain and consent to medical treatment for such illness or injury during the named activity or activities. I hereby release and discharge activity leaders, Emmanuel Community United Methodist Church, and its designated leadership and employees from any and all debts or suits of any kind which may arise or be occasioned as a result of my child's participation in this activity or activities. I understand and acknowledge that by participating in this activity, there is the possibility of illness or injury and that my child(ren) is assuming the risk for such illness or injury by her/his participation. I realize that I am ultimately responsible for paying any medical bills.

Signature of Parent/Guardian

Date

Signature of Participant

Date

Health History:

Health History:	Child #1	Child #2	Child#3
Name:			
Allergies/special health concern/needs:			
Medication(s) you can <u>NOT</u> take:			
Medication(s) being taken: (please list prescription & over the counter medications)			
Special Dietary Needs:			
Any Medical History that needs to be noted:			
1. Changes in medical condition: Please note date:			
2. Changes in medical condition: Please note date:			
3. Changes in medical condition: Please note date:			

Participation Permission Off Campus Update Chart Below:

I, the undersigned parent or guardian, do hereby give my permission for my child(ren), to participate in the below specific named activity or activities and/or those for which they use the Sign In sheet to participate in.

1. Name(s):	Child #1:	Child #2:	Child #3:
Activity:			
Signature of Parent/Guardian:	X	X	X
Signature of Participant(s):	X	X	X
Date(s):			
2. Name(s):	Child #1:	Child #2:	Child #3:
Activity:			
Signature of Parent/Guardian:	X	X	X
Signature of Participants):	X	X	X
Date(s):			
3. Name(s):	Child #1:	Child #2:	Child «:
Activity:			
Signature of Parent/Guardian:	X	X	X
Signature of Participant(s):	X	X	X
Date(s):			
4. Name(s):	Child #1:	Child #2:	Child #3:
Activity:			
Signature of Parent/Guardian:	X	X	X
Signature of Participant(s):	X	X	X
Date(s):			

Permission To Transport Youth With One Adult In The Vehicle:

I, the undersigned parent or guardian, do hereby give my permission for my child(ren), to be transported to and/or from (specific youth event listed above) by ECUMC designated leadership and employees.

Signature of Parent/Guardian

(Resign and date as needed)

Date

Emmanuel Community UMC Youth Program Participant Behavior Covenant:
(To be signed by both youth and adult participants.)

As representatives of Christ and the Church, we, the participants in the Emmanuel Community UMC Youth Program, take seriously our responsibility to care for one another. This covenant represents our affirmation of our concern for the wellbeing of the total community. We covenant with each other to insure the safety of all, to make our time together most meaningful, and to care for the facility which we share. In addition to our general concern for our community, we agree specifically to:

- ✓ Leave vehicles parked and unoccupied.
- ✓ Remain on the program site unless having been given permission to leave.
- ✓ Attend all activities including meals.
- ✓ On overnight activities, observe scheduled curfew by being in rooms, quiet, and not disturbing other. Never enter the room of someone of the other gender.
- ✓ Not use tobacco products.
- ✓ Not bring animals, weapons, illegal substances, explosives, fireworks, alcohol, or dangerous materials.
- ✓ Respect the person, equipment, and property of other. (This should be considered when considering practical jokes, water fights, use of shaving cream, etc. Do no harm to others.)
- ✓ We will use language, behavior, and attitudes, which are consistent with the Christian faith.
- ✓ We agree to participate in every program session and small group meeting.

This covenant is made between each person and the whole group. I agree to follow all of the above because I desire to represent Jesus in a positive manner at all times.

Signature of Parent/Guardian

Date

Signature of Participant

Date

Appendix B: Adult Permission/Medical Release Form

Emmanuel Community United Methodist Church

Adult Permission/Medical Release Form

Age 18 and Over Adult

Participant Name			
Address			
Home Phone		Cell Phone	
Home Email			
Work Phone			
Work Email			

Activity: ECUMC School Year June 1, 2017 through June 1, 2018

This form is to ensure informed consent for activity or activities listed above, sponsored by Youth Ministries Program of Emmanuel Community United Methodist Church. It also provides consent for treatment of those who become ill or injured in the course of the activity or activities. In the event of injury or illness, we will make every effort to contact the parent(s), guardian(s) or emergency contact named below:

Emergency Contact Information:

Name			
Address			
Home Phone		Cell Phone	
Home Email			
Work Phone			
Work Email			
Relationship to Participant			

Insurance Information:

Insurance Company Name (Health)	
Full Name of Insured Cardholder	
Birth Date of Insured Cardholder	
Policy I.D. Number	
Group I.D. Number	
Customer Service Number (back of card)	

***Please have a copy of your health insurance card on file at ECUMC. Check Here:**

I agree to participate in the above named activity or activities. I also agree to medical treatment from medical staff and/or physicians in medical clinic or hospital in case of illness or injury, I hereby release and discharge activity leaders, Emmanuel Community United Methodist Church, and its designated leadership and employees from any and all debts or suits of any kind which may arise or be occasioned as a result of my participating in this activity or activities. I understand and acknowledge that by participating in this activity, there is the possibility of illness or injury and that I am assuming the risk for such illness or injury by my participation. I realize that I am ultimately responsible for paying any medical bills.

Signature of Participant

Date

Health History:

Name:			
Allergies/special health concern/needs:			
Medication(s) you can <u>NOT</u> take:			
Medication(s) being taken: (please list prescription & over the counter medications)			
Special Dietary Needs:			
Any Medical History that needs to be noted:			
Date of last tetanus immunizations (effective for 10 years)			
Date of 3 Hepatitis immunizations			

Emmanuel Community UMC Youth Program Participant Behavior Covenant:
(To be signed by both youth and adult participants.)

As representatives of Christ and the Church, we, the participants in the Emmanuel Community UMC Youth Program, take seriously our responsibility to care for one another. This covenant represents our affirmation of our concern for the wellbeing of the total community. We covenant with each other to insure the safety of all, to make our time together most meaningful, and to care for the facility which we share. In addition to our general concern for our community, we agree specifically to:

- ✓ Leave vehicles parked and unoccupied.
- ✓ Remain on the program site unless having been given permission to leave.
- ✓ Attend all activities including meals.
- ✓ On overnight activities, observe scheduled curfew by being in rooms, quiet, and not disturbing other. Never enter the room of someone of the other gender.
- ✓ Not use tobacco products.
- ✓ Not bring animals, weapons, illegal substances, explosives, fireworks, alcohol, or dangerous materials.
- ✓ Respect the person, equipment, and property of other. (This should be considered when considering practical jokes, water fights, use of shaving cream, etc. Do no harm to others.)
- ✓ We will use language, behavior, and attitudes, which are consistent with the Christian faith.
- ✓ We agree to participate in every program session and small group meeting.

This covenant is made between each person and the whole group. I agree to follow all of the above because I desire to represent Jesus in a positive manner at all times.

_____ Signature of Parent/Guardian	_____ Date	_____ Signature of Participant	_____ Date
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Appendix C: Photograph, Video, and Communication Waiver

Emmanuel Community United Methodist Church
Photograph, Video and Communication Waiver

Waiver: Photograph/Video Release:

I authorize Staff Members of Emmanuel Community United Methodist Church to use photos, videotapes, and or other likenesses of myself and or my child or the child for whom I have legal guardianship for promotional materials regarding Emmanuel Community United Methodist Church programs, facilities, or services. Such images will not be sold to other parties. Promotional materials bearing these images may be distributed for free to the public and posted on the Emmanuel Community website (www.ec-umc.com).

Do not use photos, videotapes, or other images of myself or my children in promotional material or on the website of Emmanuel Community United Methodist Church.

Waiver: Communication by Social Media, E-mail and Texting

I authorize Staff Members of Emmanuel Community United Methodist Church to communicate by methods of Social Media (Facebook, Snap Chat, Twitter, etc), email and/or texting with my child or the child for whom I have legal guardianship.

Do not communicate by methods of Social Media (Facebook, Snap Chat, Twitter, etc), email and/or texting with my child or the child for whom I have legal guardianship.

Please use one form per family:

Participant's Name, printed: _____

Participant's Signature: _____ Date_____

* * *

Participant's Name, printed: _____

Participant's Signature: _____ Date_____

* * *

Participant's Name, printed: _____

Participant's Signature: _____ Date_____

* * *

Participant's Name, printed: _____

Participant's Signature: _____ Date_____

Parent's Signature: _____ Date_____

(If any participant under 18 years of age)

Appendix D: Incident/Complaint Report Form

Emmanuel Community United Methodist Church
Incident/Complaint Report Form

(Please print all information clearly)

Date of Incident: _____ Time of Incident: _____

Name of Minor Involved: _____ Age: _____

Address of Minor: _____

Parent or Guardian: _____

Description of incident (include location, names of all involved, any evidence of injuries, how resolved):

Witness

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Person completing report

(print): _____ Phone: _____

Signed: _____ Date: _____

See other side

This Incident/Complaint Form should be completed anytime an adult observes or receives a report of inappropriate conduct including:

- Possession or use of illegal substances, the abuse of controlled substances, or underage use of alcohol on the grounds of ECUMC or at an ECUMC sponsored or sanctioned activity.
- Significant and willful disruption of activities, willful damage to property, verbal or physical assault, or offensive disrespect to another.
- Non-segregated sleeping space for minors of opposite sex during an overnight activity.

If unsure if this form should be completed, check with the Lead Pastor.

In a timely manner but not more than five days after the incident, the completed Incident/Complaint Form is to be turned in to the Lead Pastor. If grievance is against the Lead Pastor, turn in to the District Superintendent.

Appendix E: Critical Incident Reporting Process

Emmanuel Community United Methodist Church

Critical Incident Reporting Process

Purpose: To attain resolution and healing for those involved in reportable critical incidents at Emmanuel Community United Methodist Church.

Process:

1. The initial report or incident report is received by a staff member. If the report is not in the form of an incident report, the staff member will complete one.
2. The incident is shared with the lead pastor as well as other pastoral and program staff as soon as possible. If the incident is a criminal act, or if the reporting party requests it, law enforcement will be notified immediately. If the staff members are unclear about the law, law enforcement will be consulted.
3. If the incident is not clearly a criminal act, a staff person will be assigned to contact all the parties involved to gather any available additional information and statements about the incident.
4. The lead staff person and the lead pastor will meet with all parties who may be accused of wrong doing (and parents/guardians if the accused party is a minor) as soon as possible to report the incident and begin moving toward resolution.
5. The reporting parties will be kept informed of progress on the process.

Additional Reporting:

1. If warranted, the lead pastor will call the District Superintendent as soon as possible to report the incident.
2. The District Superintendent will inform the Bishop of the incident.
3. The Staff Parish Relations Committee will be informed of the incident as well as how the process is progressing. Names of the accused and victims will be withheld except as significant extenuating circumstances may dictate.

Confidentiality:

1. Unless the safety of the congregation or members of the congregation is seriously threatened by withholding the information, the circumstances of the incident and the names of any accused and/or victims will be kept confidential.
2. Documentation, including the incident report and any other records relevant to the incident will be kept in a secured metal cabinet in the Lead Pastor's office for a period of 7 years from the date of the incident.

Appendix F: Abuse Response Guidelines

Emmanuel Community United Methodist Church

Abuse Response Guidelines

Purpose: To provide guidance for the church, its staff, and responsible committees responding to verified or strongly indicated abuse of a minor occurring during church related activities.

1. Provision of Emergency Care: Medical attention for abused minors will be obtained as soon as abuse is observed or strongly suspected.
2. Parental Notification: The Senior Pastor or other designated staff person will notify the parent(s) of the abuse immediately.
3. Legal Notification: The Senior Pastor or other designated staff person will notify the police of the incident immediately.
4. Protecting Evidence: The staff and church administration will make every effort to secure evidence of abuse to assist with the police investigation and to prevent subsequent tampering with or destruction of evidence. This will include soliciting input from the police.
5. Media Communication: All media inquiries will be directed to the Bishop's office. Local staff and church administration will offer no information about the incident to the media.
6. Documentation: Dated and signed records will be kept by relevant staff and church administration to document each contact with anyone immediately involved in the incident, the reporting of the incident and/or subsequent disposition of the incident. Decisions related to the disposition of the response to abuse will also be documented. This documentation will be confidential and kept in a single file in a central, secured (locked) file cabinet.
7. Disposition of the Abuser: Every effort must be made to prevent continuing contact between the abuser and any potentially at risk individuals or situations.
8. Staff Cooperation: An emergency meeting of church staff will take place within 48 hours of notification of the event to plan the staffs continued response to the situation.
9. Pastoral Care for the Victim and Family: The Senior Pastor will offer resources and recommendations for pastoral care for the victim and victim's family as warranted. The church will keep a list of external resources qualified to provide competent pastoral care for victims of abuse in case circumstances demand an outside resource.
10. Pastoral Care for the Family of the Abuser: The Senior Pastor will offer resources and recommendations for pastoral care for the family of the abuser as warranted. The church will keep a list of external resources qualified to provide competent pastoral care for abuse situations in case circumstances demand an outside resource.

Appendix G: Program Application

Emmanuel Community United Methodist Church
Menomonee Falls, Wisconsin

Program Application June 2017-June 2018

Name: _____
 First Middle Initial Last pre-married

Address: _____

Daytime phone: (_____) _____ Evening phone: (_____) _____

Date of Birth: _____ Race: _____

Social Security # : _____

Driver's License #: _____ State: _____

Please list your previous experience working with children and youth:

Have you ever been charged, convicted of, or pled guilty to a crime or felony involving sexual misconduct? yes no

If yes, please explain:

I, _____, give my permission for a duly authorized representative of Emmanuel Community United Methodist Church to request the Wisconsin Division of Law Enforcement to release information regarding any record of charges or convictions contained in its files. I understand this includes federal, state, and local files. It may include any and all crimes committed against minors. I will not hold the Wisconsin Division of Law Enforcement or Emmanuel Community UMC liable for any results that may result from the response made to this request.

Signature

date

Parent's/Guardian's signature for applicants under age 18

date

Information from the background check will be returned to a designated member of the Staff Parish Relations Committee. Information will be shared with the pastor only when it is appropriate. All information gathered on this application and through the background check will be kept completely confidential.

If you have been a member of Emmanuel Community United Methodist Church congregation less than six months, please list your previous church, church address, and pastor's name. By signing this form you are giving us permission to contact churches and pastors listed.

Thank you for your care and consideration of our congregation, our children, and our youth. We are grateful for your cooperation.

For office use:

Background check completed

Volunteer position held

Appendix H: Acknowledgement of Receipt of Youth Safety Policy

Acknowledgement of Receipt of Youth Safety Policy

By my signature below I acknowledge that I have received and read a copy of the Youth Safety Policy of Emmanuel Community United Methodist Church. I will abide by the rules and policies of this document.

PRINT NAME: _____

SIGNED: _____ DATE: _____