

Beacon Heights Church of the Brethren Safe Church Policy

Recognizing our responsibilities to ensure that the church will be a safe place, we the members of the congregation of Beacon Heights Church of the Brethren have adopted the following policies:

There are dangers that persist in our society today. They may manifest themselves in the form of child abuse. Such abuse may be physical, sexual and/or emotional. This policy will address our responsibility to keep children and youth safe. This policy will discuss the screening process for volunteers, give guidelines for those who are actively involved with youth/children's ministry, give guidelines for reporting suspected abuse, and give a response plan for suspected abuse.

SECTION 1 - SELECTION OF CHURCH STAFF AND VOLUNTEERS

- A) Pastoral Staff (excluding interim) should come through the district placement process and will be screened by District Executive Minister or his/her designee.

- B) Volunteers and church staff who have unsupervised access to children, youth, or individuals with diminished mental or physical capacity, and those who serve in counseling positions will be screened in the following areas:
 - a personal interview
 - screening form
 - reference check

- C) All volunteers and church staff who work with children, youth, or individuals with diminished mental or physical capacity in situations will meet the following criteria:
 - an active participant in the congregation
 - have the recommendation of two church members (excluding relatives)
 - never convicted, pleaded guilty or no contest to any crime involving sexual misconduct or any offenses against children
 - valid driver's license and certification of insurance, if driving will be included as part of their responsibilities, and
 - a personal interview conducted by the person or persons appointed by the Church Board.

All documents used in the screening process will be kept confidential in the following manner:

1. All documents will be marked confidential and kept in a locked file cabinet. The keys to the file are to be kept by the pastoral team designee (or moderator in the absence of the designee) and viewed only by persons who are given specific authority by the Church Board to review the documents.
2. All employment documents on pastoral and church staff shall be retained permanently by the church in a confidential file. Volunteer applications will be kept for a period of three years. Following that period they will be disposed of. A renewal form will then be complete every three years by all volunteers

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SECTION 2 - SUPERVISION OF CHURCH STAFF AND VOLUNTEERS

Beacon Heights Church believes that children, youth, or individuals with diminished mental or physical capacity should be safe from all forms of abuse and neglect. Therefore, we ask that all church staff and volunteer personnel follow these policies:

- Church programs have an open door policy. The staff, pastors, and parents are free to visit and observe the program at any time unannounced.
- Minimum of two persons need to be available whenever possible for programs and activities involving children, youth, or individuals with diminished mental or physical capacity. Assistance at programs may be given by people who do not meet these policy guidelines of Section 1 provided they are supervised and under the authority of persons meeting the policy guidelines of Section 1. Activities exempt are those part-of Sunday morning programs (Sunday School, Children's Chapel, nursery, etc.)
- If meetings with individuals are needed, a pastoral staff member must have knowledge and parents of minors must be informed.
- Because gift giving can be a form of buying silence or loyalty, volunteers are NOT to give gifts or money to individuals without the prior knowledge of parents of minors and pastoral staff.
- Permission to sponsor an activity or event must be given by pastoral staff prior to the activity or event.
- All those who work with children, youth, or individuals with diminished mental or physical capacity will receive training regarding church policies, discipline, grievance procedures, and appropriate touch.

SECTION 3 - EDUCATION

- A. Participants in Inquirers' Classes (Membership) will receive information regarding the church's policies about creating a safe place.
- B. Those working with children, youth, or individuals with diminished mental or physical capacity will receive training from the pastoral staff or designee about what constitutes abuse and sexual misconduct and how to report allegations.
- C. The designated receivers of allegations will receive training about reporting and documenting allegations of abuse or misconduct.

SECTION 4 - GUIDELINES FOR REPORTING SUSPECTED ABUSE

- A. All workers in ministry with children/youth have a personal responsibility and moral obligation to report any suspected abuse.
- B. The person observing or receiving disclosure of suspected abuse will contact a member of the pastoral team, board chair, staff relations committee chair, or moderator to report the observation or disclosure immediately. After having made the report, the person should not discuss it with anyone other than proper authorities.

Appropriate investigation and action will be taken according to established guidelines.

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SECTION 5 - RESPONDING TO ALLEGATIONS

- A. The church will take seriously all accusations of abuse or sexual misconduct. All allegations will be investigated and documented in writing within 10 days.
- B. Those who may receive an allegation are the pastoral team, church board chair, staff relations committee chair and/or moderator.
- C. The pastoral staff or designee will contact the proper civil authorities concerning cases of (suspected) child abuse. If the alleged perpetrator is subject to the district ethics committee process, the appropriate district person(s) will be notified.
- D. When allegations occur, the pastoral staff or church board chair will seek professional assistance from a local attorney, denominational officials and our insurance agent. Communication of information will be based on the need to know under the restrictions of qualified privilege.
- E. The alleged perpetrator's responsibility and contact with children, youth, or individuals with diminished mental or physical capacity through church programs will be reviewed and appropriate action taken to ensure that the church is a safe environment.
- F. The pastoral team will designate a spokesperson for the congregation in dealing with any allegations of abuse or sexual misconduct. If a member of the pastoral team is not available or is the accused, the chair of the Church Board will be the designated spokesperson.

DEFINITIONS

Pastoral Staff: Those licensed or ordained persons employed by the church.

Church Staff: Those non-pastoral persons employed by the church.

Volunteers: Non-paid church workers.

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Children/Youth Work Application

Personal

Name: _____ Daytime telephone: _____

Date of Birth: _____

In which children/youth program(s) are you seeking to become involved? _____

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

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

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a valid driver's license and auto insurance? Yes No License# _____

Have you at any time ever:

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

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? 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)

(OVER)

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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 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: _____

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Children/Youth Work Renewal Application

Name: _____ Daytime telephone: _____

Date of Birth: _____

In which children/youth program(s) are you seeking to become involved? _____

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

Do you have a valid driver's license and auto insurance? Yes No

Have you at any time ever:

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

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? 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)

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/youth at all times.

Printed name: _____

Signature: _____ Date: _____

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Reference Response Information

To: _____
Name of Ministry

From: _____
Address

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? (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, 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 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.

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Notice of Injury

Organization	Name:		
	Address:		
Time and Place of	Date of Injury:	Time:	__ AM __ PM
	Where did it 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: __ Member __ Visitor __ Volunteer __ Employee __ Student/Camper __ Tenant /Resident __ 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? __Yes __ No		
	Name of medical insurance company:		
Full Description			
Witnesses	Name:	Telephone:	
	Address:		
	Name:	Telephone:	
	Address:		

Signature: _____ Date of report: _____