

# WEST PHILADELPHIA MENNONITE FELLOWSHIP

## CHILD PROTECTION POLICY

### INTRODUCTION:

We believe that each child is a special gift from God. We acknowledge the high value that Jesus placed on our children during his earthly ministry. We seek to make all our church activities and facilities safe, especially for our children. We recognize that physical and sexual abuse and misconduct reflect the effects of sin in our broken world. We seek to prevent such abuse within the context of WPMF and all its related activities. When abuse does occur, we seek to provide for healing for all involved and accountability for the abuser. This policy applies to all church ministries, including but not limited to Sunday School, youth activities, and nursery.

We commit to:

#### **1. Making our church facility as safe as possible for our children.**

- A. Our church is an open building and we do not have total control over access to it. At any time, people who are not a part of our congregation may enter and leave without our knowledge. All WPMF participants should be mindful of suspicious persons or situations.
- B. There must be a window in any room where children or youth ministries are conducted, if possible. When there is no window, door must be kept open.
- C. A first-aid kit will be available in the Sunday School supply closet.

#### **2. Providing safe and adequate supervision of children and youth.**

- A. Unsupervised children are not permitted outside of the basement level of the building after church or Sunday School.
- B. All children under 12 should be accompanied to the restroom by a parent or guardian during the worship service. We recommend that all children use the bathroom before attending nursery or Sunday School while there is more supervision.
- C. Two non-related adults must always be present when supervising children and youth, including when childcare is provided for meetings. A person under the age of 18 may never take care of children alone without supervising adults present. In the case of Sunday School teachers, we recognize that it is not always feasible to have two teachers in every classroom. We address this with section D, which follows. [Additionally, as part of the Mentor Program, parents are asked to indicate on a permission form whether or not their child/youth may spend time alone with a Mentor \(see Appendix IX, Mentoring Program Parent Consent Form\).](#)
- D. During Sunday School, a designated "floater" (either the S.S. Superintendent or other assigned person) will periodically check in on the classrooms, noting any inappropriate or suspicious behavior and providing any assistance to students or teachers, as needed. The floater will pay particular attention to those classrooms with only one adult. (See Appendix VI - Floater Job Description)
- E. If only one child in a particular class is present for Sunday School, that teacher and child will join another classroom.
- F. Children should be released from nursery, early childhood, and primary classes to their parent, guardian or other family member.
- G. During Nursery there will be two non-related adults, and ideally one youth, supervising the children. (See Appendix VII - Nursery Guidelines. These are also on display in the Nursery, and are found on the WPMF website)

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H. Discipline: The goal of discipline is to help the child gain self-control and function within a group. When a child misbehaves, an adult may use redirection, a gentle touch on the hand, arm, or shoulder, time outs/listening chair, and/or verbal means to guide the child's behavior. If this does not work, the child's parent or guardian should be contacted. A raised voice should only be used to gain attention, not intimidate or discipline a child. Under no circumstances should physical punishment (slapping, hitting, shaking, etc.), or emotional punishment (silent treatment, demeaning, or degrading the child) be used. The S.S. superintendent, nursery coordinator, pastoral team member, or the child's guardian should be contacted for support in dealing with difficult or troubling behaviors by any child or youth.

### **3. Following Youth Ministry Guidelines.**

- A. All youth should have an emergency contact form on file in the church office. (See Appendix V – Emergency Contact Form). Copies should be kept with youth leader/s for off-site activities. These should be updated yearly, at beginning of each new school year.
- B. For outside events, a parent or guardian must sign a waiver form allowing their youth to participate in youth group activities without holding the church liable for injuries, etc.
- C. For overnight events, there should not be only 1 adult supervisor and 1 youth in a private room.
- D. Mentors will abide by the permissions given on the Mentoring Program Parent Consent Form (see Appendix IX)

### **4. Providing safe transportation.**

- A. Only youth leaders, parents or guardians may provide transportation for children or youth for church activities or events.
- B. A minor should never be alone in a vehicle with an unrelated adult without express permission of a parent or guardian.

### **5. Ensuring that all adults working with children are approved by the church leadership.**

- A. Employees: Hired employees and interns are required to obtain:
  - 1) Pennsylvania Child Abuse History Clearance (CY113 Form);
  - 2) Pennsylvania State Police Criminal Record Check (SPA-164);
  - 3) Federal Bureau of Investigation (FBI) Criminal Background Check.

For employees under the age of 18, we will not require the FBI clearance for minors for whom we have firsthand knowledge that they have never lived in another state. In any situation where a minor does get an FBI clearance we will provide travel reimbursement if requested.

Fees for these applications will be paid for by West Philadelphia Mennonite Fellowship.

B. Volunteers: Any volunteers over the age of 18 who have direct contact with children or youth are mandated reporters under PA state law. Direct contact is defined as those acting in lieu of or on behalf of a parent or guardian, someone providing care, guidance, supervision or has routine interaction with child/youth as a regularly scheduled ministry. These volunteers are required to:

- 1) attend a Mandated Reporter training, or participate in an online training (reportabusepa.pitt.edu) at least every 5 years;
- 2) obtain the following clearances:
  - a. Pennsylvania Child Abuse History Clearance (CY113 Form); updated every 5 years
  - b. Pennsylvania State Police Criminal Record Check (SPA-164); updated every 5 years

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c. Federal Bureau of Investigation (FBI) Criminal Background Check; only if they have **NOT** lived in the state of Pennsylvania for the entirety of the past 10 years.

3) sign a Children/Youth Volunteer Disclosure Statement every three years (see Appendix XI)

4) fill out a Volunteer Application (see Appendix X); this need not be updated annually, provided that the adult maintains consistent participation in congregational life.

Fees accrued for any of these clearances will be reimbursed by West Philadelphia Mennonite Fellowship. Volunteer will fill out reimbursement form and submit to church office.

Volunteers whose permanent residence is outside of Pennsylvania: Must obtain a FBI clearance and their state or country's child safety clearances. Mandated Reporter Training, Disclosure Statement, and Volunteer Application are still needed.

C. The Pastor and the Administrative Assistant will be responsible to maintain the documentation for each person working with our children/youth. This information will be kept confidential in a locked file. The Administrative Asst. will keep current list of people with Child Abuse Clearances.

D. All volunteers as defined in section 5.B, must have regular involvement in the church for at least six months before being allowed to volunteer with children or youth.

#### **6. Dealing appropriately with allegations of abuse.**

A. When a child discloses abuse or child abuse is suspected, mandated reporters must make an immediate and direct report of suspected child abuse to ChildLine either electronically at [compass.state.pa.us/cwis](http://compass.state.pa.us/cwis) or by calling 1-800-932-0313. Follow the detailed response plan. (See Appendix I - Detailed Response Plan to Suspected Child Abuse)

B. Persons other than a mandated reporter (permissive reporter) are encouraged, although not required by law, to make a report of suspected child abuse. Make a report to ChildLine by calling 1-800-932-0313.

C. A mandated reporter must make a report of suspected child abuse if they have reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

- The mandated reporter comes into contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service.
- The mandated reporter is directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization or other entity that is directly responsible for the care, supervision, guidance or training of the child.
- A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
- An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.
- A mandated reporter does not need to have direct contact with the child in order to make a report.

#### **7. Ensuring that the Child Protection Policy remains relevant and accessible to the congregation.**

A. Copies of the policy will be distributed via website or paper to all households in the congregation, including new attendees within their first few months of attendance.

B. Copies of the policy will be kept in the church office, library and on the website, for easy reference.

C. All volunteers, as defined in section 5.B., will participate in an annual review either in person, or through electronic or written material. This annual review will include review of the policy, procedures and guidelines,

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current information on how to identify and report child abuse. All volunteers will sign a document stating that they participated (in person or through electronic/written materials) in an annual review.

D. This policy will be reviewed yearly and updated, as necessary, by the Human Resources Committee.

## **Appendix I – Detailed Response Plan to Suspected Child Abuse**

(for children under 18 yrs of age)

### **I. Initial Action and Report**

***When there is suspected child abuse, follow these guidelines:***

1. If the child is in imminent danger or needs immediate medical attention, call 911.
2. Take the child's word seriously and keep any physical evidence.
3. Stay calm and listen carefully to the child.
4. Do not ask leading questions or probe for more details.
5. Give emotional support, reminding the child that s/he is not at fault and that s/he was right to tell you about the problem.
6. Report the suspected abuse to Childline (1-800-932-0313) immediately and complete and fax a CY47 form or submit a report electronically via the portal ([www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis)), within 48 hours.
7. Assure the child that appropriate action will be taken, but do not tell the child that you will not tell anyone.
8. Report the information immediately to the pastor, orally and in writing, using the initial report form (See Appendix III – Initial Incident Report). Do not discuss the incident with anyone else, unless instructed to do so by the pastor or other authorities.
9. If alleged abuser is the pastor, report the incident to a member of the Human Resources Committee (HRC) who will immediately report the allegation to the pastoral team and to the leadership of our Mennonite Conference. The pastor may, in consultation with the Conference, be placed on a non-disciplinary leave of absence with pay, pending the outcome of the investigation.

### **II. Pastoral Actions and Reports**

***A. Within 48 hours, complete these steps:***

1. If the child is in imminent danger or needs immediate medical attention, call 911.
2. Report the suspected abuse to Childline (1-800-932-0313) immediately and complete and fax a CY47 form or submit a report electronically via the portal ([www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis)), within 48 hours.
3. Speak directly with the child and anyone involved in reporting the incident. Use the guidelines listed above for hearing the child's account of what happened.
4. Begin documenting every conversation and contact regarding the alleged abuse (See Appendix IV – Pastoral Follow-Up Report).
5. Outline the response procedure to the parents/guardian and, if appropriate, to the child. Encourage the family to keep all documents and evidence.

***B. Continue with these actions:***

1. Work to ensure the safety of the child, in consultation with DHS or the police, if they are involved.
2. Assist the child with obtaining access to appropriate medical and counseling services.
3. Cooperate with DHS in any actions and/or pastoral care.
4. Consult with an attorney and insurance company.
5. Report findings and actions to Pastoral Team.
6. Continue to give pastoral care to all involved, as appropriate.

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***C. If approached by alleged offender, follow these guidelines:***

1. Listen, be caring and sensitive.
2. Provide no information about the child and his/her family, details of the reporting process (i.e who reported) and who is responding to the child and his/her family.
3. Inform him/her that someone from the church will be responding to his/her needs and the issues related to the allegations.

**III. Guidelines for Actions and Responsibilities of Pastoral Team/HRC:**

1. Remove the alleged offender temporarily from his/her duties and any susceptible environment during the investigation.
2. Designate a spokesperson to be responsible for handling questions from other church members and any media. No one else should speak on behalf of the church.
3. By the following Sunday, notify the congregation of the action taken, the general plan, and the designated spokesperson.
4. Name a Care Team to minister to the child and his/her family, in consultation with the child's family. Also, offer a Care Team to minister to the accused and his/her family (if s/he is a member of the congregation.) Ideally each team will have members who have had training in child abuse and response procedures and whose involvement does not create a conflict of interest.
5. In consultation with legal counsel and the Care Teams, provide necessary information to the congregation. Give updates as needed to minimize the spread of rumors. Keep dated copies of these statements on file in the church office.
6. Make available to the congregation trained people who can help bring healing and assist congregational members in addressing needs.
7. Receive recommendations from the Care Teams, make decisions about any disciplinary actions or accountability plans, and monitor their implementation.
8. Evaluate the process of dealing with such incidents.
9. Ensure that there is limited contact between the accused and children at WPMF, never unsupervised.

**IV. Care Team Ministry**

***A. Guidelines for the Care Team for the child and his/her family:***

1. Meet with the child and his/her family, assess further needs and explain the procedure to be followed.
2. Offer support and care to the child and his/her family.
3. Provide a list of qualified counselors and assist with securing financial help, transportation, or other assistance, as needed, to access these professionals.
4. Maintain confidentiality until the teams and Pastoral Team agree on further disclosure to the congregation or others involved in the situation.
5. Document all actions and decisions taken, for each meeting or conversation.
6. Report to Pastoral Team, as appropriate and recommend appropriate actions and follow-up.
7. Work with Pastoral Team on implementing these recommendations.

***B. Guidelines for the Care Team for the alleged offender and his/her family.***

1. Meet with the alleged offender and his/her family, assess further needs and explain the procedure to be followed.
2. Offer support and care to the accused and his/her family.

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3. Provide a list of qualified counselors and assist with securing financial help, transportation, or other assistance, as needed to access that help.
4. Maintain confidentiality until the teams and Pastoral Team agree on further disclosure to the congregation or others involved in the situation.
5. Document all actions and decisions taken, for each meeting or conversation.
6. Report to Pastoral Team/HRC, as appropriate and recommend appropriate actions and follow-up.
7. Work with Pastoral Team/HRC on implementing these recommendations.

#### **V. Restoration and Healing**

When the investigation is complete, the following actions will be considered, as appropriate:

1. Share information about actions taken, as needed, with the child, his/her family and the congregation. The accused person's name will be released only as confidentiality allows.
2. If the investigation finds substantiation of the allegation(s) made against the accused, the accused may be asked to resign his/her previous position or duty within WPMF, dependent on the nature and severity of the offense(s). Pastoral team will help to facilitate the healing that will need to take place with the individuals involved and with the church as a whole.
3. If the investigation finds the accused innocent with respect to the charges laid, the feasibility of continued work within the congregation will be evaluated. Efforts will be made to restore strained relationships and facilitate a healing process.

#### **VI. Integration of Someone who has Sexually Offended**

We are committed to child safety and adult accountability, while also believing in God's power for restoration and healing. In situations of possible integration into the community, an accountability group shall be formed to support and work with an individual who has sexually offended and is participating in the life of the congregation. This group will have at least one member with professional qualifications, as well as a representative from the Pastoral Team. The group will work with the individual to develop a protection plan.

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## **Appendix II – Definition of Abuse**

In the state of Pennsylvania, anyone younger than 18 years of age is considered to be a child.

Child abuse definitions, according to the Child Protective Services Law as of 9/11/15, means intentionally, knowingly or recklessly doing any of the following:

- Causing bodily injury to a child through any recent act or failure to act.
- Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- Causing sexual abuse or exploitation of a child through any act or failure to act.
- Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- Causing serious physical neglect of a child.
- Causing the death of the child through any act or failure to act.

Child abuse also includes certain acts in which the act itself constitutes abuse without any resulting injury or condition. These recent acts include any of the following:

- Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
- Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
- Forcefully shaking a child under one year of age.
- Forcefully slapping or otherwise striking a child under one year of age.
- Interfering with the breathing of a child.
- Causing a child to be present during the operation of a methamphetamine laboratory, provided that the violation is being investigated by law enforcement.
- Leaving a child unsupervised with an individual, other than the child's parent, who the parent knows or reasonably should have known was required to register as a Tier II or III sexual offender or has been determined to be a sexually violent predator or sexually violent delinquent.

"Recent" is defined as an abusive act within two years from the date the report is made to ChildLine. Sexual abuse, serious mental injury, serious physical neglect and deaths have no time limit.

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**Appendix III – Initial Incident Report**

1) Name and title (e.g. SS teacher, church member, paid staff) of person submitting report:

\_\_\_\_\_

2) Name of child/youth involved in incident: \_\_\_\_\_ Age: \_\_\_\_\_

3) Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

**Summary of incident or disclosure of abuse from child/youth:**

Details observed or disclosed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(if additional space is needed, use the back of this form)*

Location of incident:

\_\_\_\_\_

Persons involved and their relationship to child/youth (e.g. church staff, church volunteer, family member, other): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person completing this form

Date and Time

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## **Appendix IV – Pastoral Follow-Up Report**

**(attach “Initial Incident Report” to this form)**

1) Name and title of person reporting incident:

\_\_\_\_\_

2) Name of child/youth involved in incident:\_\_\_\_\_ Age:\_\_\_\_\_

3) Date of Incident: \_\_\_\_\_ Time of Incident:\_\_\_\_\_

4) Reported to Pastoral Staff

a. Date/time of report: \_\_\_\_\_

b. Summary:

5) Initial conversation with child/youth:

a. Date/place of conversation: \_\_\_\_\_

b. Child’s statement (if appropriate, give detailed summary):

6) Initial call or conversation with child/youth’s parent/guardian:

a. Date/time of call or conversation: \_\_\_\_\_

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b. Summary:

7) Call to local Child and Youth social service agency:

a. Date/Time of call: \_\_\_\_\_

b. Name and title of person contacted: \_\_\_\_\_

c. Recommendations made by agency worker:

d. Summary:

8) Call to legal counsel:

a. Date/time of call: \_\_\_\_\_

b. Name and title of person contacted: \_\_\_\_\_

c. Recommendations made:

d. Summary:

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9) Call to insurance company:

a. Date/Time of call: \_\_\_\_\_

b. Name and title of person contacted: \_\_\_\_\_

c. Recommendations made:

d. Summary:

10) Other contacts:

Date/time of call: \_\_\_\_\_

Name and title of person contacted: \_\_\_\_\_

Recommendations:

Summary:

Date/time of call: \_\_\_\_\_

Name and title of person contacted: \_\_\_\_\_

Recommendations:

Summary:

Date/time of call: \_\_\_\_\_

Name and title of person contacted: \_\_\_\_\_

Recommendations:

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Summary:

11) Name and title of person completing this form: \_\_\_\_\_

Signature

Date and Time

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## Appendix V – Emergency Contact Form

### Annual Permission/Waiver Form

Name of Child or Adult Participant (please print) \_\_\_\_\_  
Parent(s) and/or legal guardian(s) of child participant \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Age of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_  
School \_\_\_\_\_

#### **Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities of West Philadelphia Mennonite Fellowship is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

#### **Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release West Philadelphia Mennonite Fellowship and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against West Philadelphia Mennonite Fellowship or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless West Philadelphia Mennonite Fellowship and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Initials \_\_\_\_\_

#### **First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of West Philadelphia Mennonite Fellowship to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including

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hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Health Insurance Information**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

**Emergency Contacts**

Names of persons and telephone numbers to call in case of emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Swimming Ability**

\_\_\_ Non-swimmer

\_\_\_ Beginner (capable of swimming for several minutes in deep water)

\_\_\_ Moderate (capable of swimming several lengths of pool)

\_\_\_ Advanced (capable of swimming long distances)

**Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

**Initials** \_\_\_\_\_

**Other Information**

Other information leaders should know about the child or adult participant:

**For Use Only if the Participant is a Minor**

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of West Philadelphia Mennonite Fellowship including any special events/activities described above. In consideration for allowing the participation of the child in the activities of West Philadelphia Mennonite Fellowship I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent or Legal Guardian \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Adult Volunteers and Employees**

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As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in functions, activities, special events, and field trips.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Young Person's Agreement**

I agree to participate in the functions and activities of West Philadelphia Mennonite Fellowship, to cooperate with the leaders and other young people, and to conduct myself appropriately. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Appendix VI – Floater Job Description**

A floater is an individual who will be used to check in on the various Sunday School classrooms. They will “float” around the building checking on the classes, checking to see if any classroom needs assistance and looking for anything that may not be appropriate. They will pay particular attention to those classrooms with only one adult present.

The Sunday School superintendent will do this or will assign someone to do so each week Sunday School is in session.

### **Appendix VII – Nursery Guidelines**

For safe and adequate supervision of children:

- We will strive to follow the two-adult rule at all times when supervising children.
- Ideally, there will be two non-related adults and one youth supervising the children’s play in the nursery.
- Parents should be encouraged to take children to the bathroom before bringing them into nursery. When a nursery volunteer does need to take a child to the bathroom, he or she will leave the bathroom door and the door to the bathroom stall open, or stand outside the stall if the child is sufficiently independent.
- Only the child’s parent/guardian may change his or her diaper.
- Use the first aid kit in the nursery cabinet and a plastic bag with some sanitary gloves, plastic bags and paper towels in case a child throws up or starts bleeding.
- The goal of discipline is to help the child gain self-control and function within a group. When a child misbehaves, an adult may use redirection, time outs/listening chair, and/or verbal means to guide the child’s behavior. If this does not work, the child’s parent or guardian should be contacted. A raised voice should only be used to gain attention, not intimidate or discipline a child. Under no circumstances should physical punishment (slapping, hitting, grasping, shaking, restraint, etc.), or emotional

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punishment (silent treatment, demeaning, or degrading the child) be used. The S.S. superintendent, nursery coordinator or a pastoral team member should be contacted for support in dealing with difficult or troubling behaviors by any child or youth.

- Children should only be released to their parent/guardian.
- Individuals must have regular involvement in the church for at least six months before being allowed to assist in the nursery.

Contact Marla Burkholder, WPMF Nursery Coordinator with any concerns you may have. If unable to contact Marla, you may speak with a Pastoral Team Member.

## **Appendix VIII – Sunday School Guidelines**

§ There is a first aid kit in the Sunday School supply room metal cabinet with Neosporin antibacterial ointment and band-aids. Each classroom is supplied with gloves, paper towels and plastic bags if a child were to get sick while there.

§ There are several people in the congregation who have medical training.

They are: Carol Martin Johnson, Jim Kurtz, Heidi Hershberger-Esh, and Nancy Geryk.

§ Be aware that we use an open building and at any time there may be people not part of our congregation in the building. Be vigilant about any suspicious persons or situations. If you are uncomfortable with someone, please speak with another WPMF adult, or someone in leadership, to assist you or get advice.

§ We encourage children to go to the bathroom before Sunday School. If a child cannot wait to go, we recommend that the teacher send children to the restroom in pairs, primary and middler age. The early childhood classroom has a child size toilet outside their room, in the supply room. Their children may use that, but ensure privacy by closing outer door.

§ Children should be released to their parents or an older sibling, with parental approval, after Sunday School. Middlers are being escorted to the fellowship hall, from the second floor, by the helper or teacher.

§ We strive to follow the two-adult rule at all times, when supervising children. We are using a Floater adult to pay particular attention to classes without two adults and to check in on all classes for any help needed, during Sunday School.

§ If only one child is present for Sunday School, that teacher and child should join another class closest in age.

§ When a child misbehaves, an adult may use redirection and/or verbal means to guide the child's behavior. If this does not work, the child's parent/guardian should be contacted for further action. Physical action, raised voices, insults should not be used. The teacher should speak to the S.S. superintendent for support and guidance.

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## Appendix IX - Mentoring Program Parent Consent Form

### Parent Consent Form (WPMF Mentoring Program)

*Please complete one form per each of your children in the program*

I/We, \_\_\_\_\_,

the parent/s of \_\_\_\_\_,

affirm my/our child's choice of mentor or "prayer", \_\_\_\_\_.

I/We understand that the mentor relationship is a one-on-one relationship, while the "pray-er" relationship would be informal. I/We feel comfortable with the mentor spending appropriate one-on-one time with my/our child, so long as the boundaries enumerated below are respected. I/We consent to the mentor:

(Please initial in the box to the right of your choice.)

Driving my/our child in their vehicle	No:		Yes:	
If Yes, choose one or both:	Alone:		With Others:	
Taking my/our child on public transporta	No:		Yes:	
If Yes, choose one or both:	Alone:		With Others:	
Having my/our child over to their home	No:		Yes:	
If Yes, choose one or both:	Alone:		With Others:	

My/Our child: (place an X in appropriate spot)

\_\_\_\_\_ Should always be accompanied home.

\_\_\_\_\_ Can walk home alone from locations in West Philly during daylight hours.

\_\_\_\_\_ Can walk home alone from locations in West Philly at all hours.

Additional: \_\_\_\_\_ I/We would appreciate check-ins on a case-by-case basis.

\_\_\_\_\_ It is acceptable to have Mentor/Pray-er/Youth exchange text/phone info.

***Please put Signatures on Back of Form (over)***

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## Release of Liability and Consent to Emergency Medical Treatment

By signing this Consent Form, I/we expressly warrant that the child named above is capable of participating in the Mentoring Program. I/We also expressly assume all risks of my/our child participating in the activities, whether such risks are known or unknown to me at this time.

I/We agree to indemnify and hold harmless WEST PHILADELPHIA MENNONITE FELLOWSHIP and its employees, or volunteers from any and all claims arising from my/our child's participation in its activities and programs, or as a result of injury or illness of my/our child during such activities.

I/we recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I/We do hereby give permission for agents of WEST PHILADELPHIA MENNONITE FELLOWSHIP to seek and secure any needed medical attention or treatment for my/our child, including hospitalization, if in the agent's opinion such need arises. In doing so I/we agree to pay all fees and costs arising from this action to obtain medical treatment.

### Contact Information

**Mentor Name:** \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**Youth (i.e. Mentee) Name:** \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent(s) Name(s):** \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent 1 Signature: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_

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## **Appendix X - Volunteer Application**

### **Children and Youth Volunteer Application**

WPMF is committed to taking necessary steps to ensure our youth and children are in a safe and caring environment. The first step is for all volunteers to fill out an application.

All applications will be securely kept in the church office.

Application Date:

Position(s) Sought:

Name:

Home Address:

Work/cell Phone:

Home Phone:

**My employment/volunteer experience in the past five years includes:**

Employer/Organization:

Your position/Title :

Amount of time employed:

Employer/Organization City and State:

Contact Person:

Phone Number:

Employer/Organization:

Your position/Title :

Amount of time employed:

Employer/Organization City and State:

Contact Person:

Phone Number:

Employer/Organization:

Your position/Title:

Amount of time employed:

Employer/Organization City and State:

Contact Person:

Phone Number:

### **References**

Please list two people outside your family (at least one that does not regularly attend WPMF) who know you well and can attest to your character, skill, and dependability in general, as well as in relation to how you work with children and youth. You may duplicate one of the contacts in the "previous experience" section.

Contact Name	Organization	Relationship to you	Phone
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**Why do you want to volunteer for this position?**

**Are you certified in first aid or CPR?**

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## **Appendix XI - Volunteer Disclosure Statement** **Children/Youth Volunteer Disclosure Statement**

Required by the Pennsylvania Child Protective Service Law 23 Pa. C.S. Section 6344.2 (relating to volunteers who have direct contact with children)

I affirm that I have not been convicted of any of the following crimes or the attempt, solicitation, or conspiracy to commit any of the following crimes under Title 18 or Pennsylvania Consolidated Statutes or equivalent crimes in another state or under Federal law:

Chapter 25-	relating to criminal homicide
Section 2702-	relating to aggravated assault
Section 2709-	relating to stalking
Section 2901-	relating to kidnapping
Section 2902-	relating to unlawful restraint
Section 3121-	relating to rape
Section 3122.1-	relating to statutory sexual assault
Section 3123-	relating to involuntary deviate sexual intercourse
Section 3124.1-	relating to sexual assault
Section 3125-	relating to aggravated indecent assault
Section 3126-	relating to indecent assault
Section 3127-	relating to indecent exposure
Section 4302-	relating to incest
Section 4303-	relating to concealing death of child
Section 4304-	relating to endangering welfare of children
Section 4305-	relating to dealing in infant children
Section 5902(b)-	relating to prostitution and related offenses
Section 5903(c) (d)-	relating to obscene and other sexual material and performances
Section 6301-	relating to corruption of minors
Section 6312-	relating to sexual abuse of children

I affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by the Child protective Services Law.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug, device, and cosmetic act) committed within the past five years.

I understand that I may be dismissed from all volunteer positions with children/youth if I have been named as a perpetrator of an indicated or founded report of child abuse.

I affirm that I have mailed or filed electronically the requests for clearance to ChildLine and the Pennsylvania State police, and if applicable, applied for the FBI Background check (please select one of the following):

I have not lived in the state of Pennsylvania for the entirety of the past ten years, and therefore understand that I am required to submit an FBI Fingerprint Record Check.

I have lived in the state of Pennsylvania for the past ten years and I affirm that I have not been convicted of any crime, in another state, similar to the convictions disqualifying a person in Pennsylvania. Therefore, I am not required to submit an FBI Fingerprint Background Check

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I hereby affirm that the information as set forth above is true and correct to the best of my knowledge and belief. I have read and understand the foregoing. I understand that the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Criminal Code.

Name:

Signature:

Date:

Witness:

Signature:

Date:

If you can not affirm all of these statements or have any questions, please check in with a member of the pastoral team for the opportunity to share and discuss.

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