

Crossroads United Methodist Church

Abuse Prevention Policy and Procedures

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CROSSROADS UNITED METHODIST CHURCH

Abuse Prevention Policy and Procedures

Introduction

The General Conference of The United Methodist Church, in April 1996, adopted a resolution aimed at reducing the risk of child sexual abuse in the church. The adopted resolution includes the following statement:

Jesus said, "Whoever welcomes (a) child.., welcomes me." (Matthew 18:5). Children are our present and our future, our hope, our teachers, our inspiration. They are full participants in the life of the church and in the realm of God.

Jesus also said, "If any of you put a stumbling block before one of these little ones..., it would be better for you if a great millstone were fastened around your neck and you were drowned in the depth of the sea." (Matthew 18:6). Our Christian faith calls us to offer both hospitality and protection to the little ones, the children. The Social Principles of The United Methodist Church state that "...children must be protected from economic, physical and sexual exploitation, and abuse."

Tragically, churches have not always been safe places for children. Child sexual abuse, exploitation and ritual abuse (ritual abuse refers to abusive acts committed as part of ceremonies or rites; ritual abusers are often related to cults, or pretend to be) occur in churches, both large and small, urban and rural. The problem cuts across all economic, cultural and racial lines. It is real, and it appears to be increasing. Most annual conferences can cite specific incidents of child sexual abuse and exploitation in their churches. Virtually every congregation has among its members adult survivors of early sexual trauma.

Such incidents are devastating to all who are involved: the child, the family, the local church and its leaders. Increasingly, churches are torn apart by the legal, emotional, and monetary consequences of litigation following allegations of abuse.

God calls us to make our churches safe places, protecting children and other vulnerable persons from sexual and ritual abuse. God calls us to create communities of faith where children and adults grow safe and strong. (From The Book of Resolutions of the United Methodist Church--1996. Copyright 1996 by The United Methodist Publishing House. pp.384-386)

Thus, in this covenant with all United Methodist congregations, we adopt this policy for the prevention of abuse at Crossroads United Methodist Church.

Purpose

Our congregation's purpose for establishing this ABUSE PREVENTION POLICY and accompanying procedures is to demonstrate our absolute and unwavering commitment to the physical safety and spiritual growth of all of our children, youth and vulnerable adults.

The purpose of this policy is to address the safety of children, youth and vulnerable adults at our church. We recognize the need to have a formal, written policy with procedures in place

1. to help prevent the opportunity for the occurrence and/or the appearance of abuse of children, youth and vulnerable adults and
2. to protect workers from false accusations and/or suspicions.

The following policy and procedures are not based on a lack of trust in workers, but are intended to protect our children, youth, vulnerable adults, workers, employees, volunteers and the entire church body.

Scope of Policy

This policy and its provisions shall apply to all persons including all paid and unpaid leaders, whether lay or clergy, who have any direct or indirect contact with children and youth who participate in any activities sponsored by the Church. This policy shall be applicable at all Church activities involving children, youth and vulnerable adults. It is the intention of Crossroads that every effort shall be made to comply with the provisions of this Policy. The church reserves the right to reject any applicant, in its sole discretion.

Statement of Covenant

Therefore, as a Christian community of faith and a United Methodist congregation, we pledge to conduct the ministry of the Gospel in ways that assure the safety and spiritual growth of all of our children, youth and vulnerable adults as well as all of the workers with children, youth and vulnerable adults. We will follow reasonable safety measures in the selection and recruitment of workers; we will implement prudent operational procedures in all programs and events; we will educate all of our workers with children, youth and vulnerable adults regarding the use of all appropriate policies and methods (including first aid and methods of discipline, as applicable); we will have a clearly defined procedure for reporting a suspected incident of abuse that conforms to the requirements of state law; and we will be prepared to respond to media inquiries if an incident occurs.

Conclusion

In all of our ministries with children, youth and vulnerable adults, Crossroads is committed to demonstrating the love of Jesus Christ so that each person will be "...surrounded by steadfast love,...established in the faith, and confirmed and strengthened in the way that leads to life eternal" ("Baptismal Covenant II", United Methodist Hymnal, p. 44).

Definitions

Adult Any person 18 years of age or older

Child Any person under the age of 18

Youth Any person between the ages of 13 and 17

Vulnerable adult

Any person over 18 years of age whose mental, physical, emotional, and/or spiritual condition makes them dependent on others for their care.

Ministry Team Leader / Coordinator

Any person who is responsible for children's or youth ministries.

Staff person

Any person employed by Crossroads United Methodist Church or the West Michigan Annual Conference of the United Methodist Church

Mandated Reporter

The Michigan Child Protection Law, 1975, PA 238, requires the reporting of child abuse and neglect by certain persons (called mandated reporters). For the purpose of this policy and definition, mandated reporters include: clergy, school district employees, nurses, doctors, dentists, social workers, and many more. For more information on mandated reporters, contact your local DHS office, or the Safe Sanctuaries Coordinator.

Volunteer

Long-term volunteer - a person 18 years of age or older who conducts or assists in conducting activities under the supervision of a staff person and/or Ministry Team Leader / Coordinator on a regular basis, i.e. Sunday School, small group class.

Short-term volunteer - a person 18 years of age or older who conducts or assists in conducting activities during a specific program or event, i.e. Vacation Bible School, Creation Fest, etc., under the supervision of the event director or leader.

Abuse *(as defined by Michigan Department of Human Services and The Child Protection law)*

Physical Abuse

Physical abuse is a non-accidental injury to a child. Physical abuse may include, but is not limited to, burning, beating, kicking and punching. There may be physical evidence of

bruises, burns, broken bones or other unexplained injuries. Internal injuries may not be readily apparent.

Sexual Abuse

Sexual abuse encompasses several different types of inappropriate sexual behavior:

- Sexual contact meaning any intentional touching that can be reasonably construed as being for the purpose of sexual arousal, gratification, or any other improper purpose.
- Sexual penetration.
- Accosting, soliciting, or enticing a child to commit, or attempt to commit, an act of sexual contact or penetration, including prostitution.

Maltreatment

Maltreatment is defined as the treatment of a child that involves cruelty or suffering that a reasonable person would recognize as excessive. Possible examples of maltreatment are:

- A parent, who knowing that their child has a phobia or deep fear of closed places, utilizes locking the child in a closet as a means of punishment.
- A parent who forces their child to eat dog food out of a dog bowl during dinner as a method of punishment and/or humiliation.
- A parent who is found to be teaching their child how to be an accessory in their criminal activities, e.g., shop-lifting.
- A parent who responds to their child's bed-wetting by subjecting them to public humiliation on, such as hanging a sign on the child at school, which lets others know that the child has wet his or her bed.

Mental Injury

A psychological condition (diagnosed by a mental health practitioner) caused by physical or verbal acts, omissions, (including the denial of appropriate treatment), or maintaining an environment which:

- renders the child chronically anxious, agitated, depressed, socially withdrawn, psychotic;
- causes the child to have an unreasonable fear that his or her life and/or safety or that of another family member is threatened; or
- Chronically interferes with the child's ability to accomplish age appropriate milestones.

Neglect

Child neglect encompasses several areas:

- Neglect - harm or threatened harm to a child's health or welfare through failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding those situations solely attributable to poverty.
- Failure to Protect - knowingly allowing another person to mistreat or abuse a child without taking appropriate measures to stop such mistreatment or abuse and prevent it from recurring when the person is able to do so and has, or should have had, knowledge of the mistreatment.
- Improper Supervision - placing the child in or failing to remove the child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and results in bodily injury or a substantial risk of immediate harm to the child.
- Abandonment - The person responsible for the child's health and welfare leaves a child with an agency, person, or other entity (DHS, hospital, mental health facility, etc.) unable or unwilling to assume responsibility for the child.
- Medical Neglect - The failure to seek, obtain, or follow through with medical care for the child, with the failure resulting in or presenting substantial risk of death, disfigurement or bodily harm or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child.

Allegation

Report of misconduct

Accuser

A person who reports an allegation

Inappropriate behavior

When a person's manner of speech, actions or conduct is not deemed prudent, correct, or suitable for use in a particular situation or interaction.

Screening Volunteers / Staff

Careful screening is one way to prevent the abuse of children, youth and vulnerable adults. It can be time consuming and expensive, but well worth the effort in peace of mind that the most reliable, committed and experienced staff and volunteers are in place for every program that involves children, youth and/or vulnerable adults.

All Staff, Ministry Team Leaders and volunteers who have regular and direct contact with children, youth and/or vulnerable adults shall:

- Be at least 18 years of age and at least five years older than the oldest child participating.
- Complete an Application.
- Be interviewed by the Director of the ministry/program.
- Consent to a criminal background check.

All Staff, Ministry Team Leaders and volunteers who have regular and direct contact with children, youth and/or vulnerable adults shall be required to fill out a Volunteer / Staff Application that shall include but is not limited to:

- Personal and contact information
- Experience and qualifications for the position
- Voluntary disclosure of past criminal history and allegations of criminal history
- Waiver of confidentiality allowing the church to secure the background checks necessary for the position being applied for
- Listing of 3 non-related references
- A completed Request for Criminal Record Check

Applicants shall have an active relationship with Crossroads UMC for at least six months before being allowed to be in a supervisory role in activities or ministries serving children, youth and/or vulnerable adults. In instances where an applicant has left Crossroads UMC and returned, previous involvement in ministry and church life may be considered toward meeting this criteria. In the case of new staff hires and spouses, references deemed adequate by the Service Ministry Team may replace the six-month waiting period.

No adult who has been convicted of abuse (such as sexual abuse, physical abuse, or emotional abuse) will knowingly or willingly be accepted as a volunteer or employed as a staff person to work with children, youth and/or vulnerable adults in any church-sponsored activity.

All forms and reference reports shall be kept as a part of an applicant's confidential personnel file which the Service Ministry Team Leader will maintain. Detailed notes on a designated form shall be for all reference checks, which shall also be included in the personnel file. All applications and related forms must be completed.

Non-local church programs shall maintain their own personnel files. Crossroads United Methodist Church reserves the right to obtain an explanation of the non-local church's record-keeping process and, upon written request of the Directions Team Leader, Director of Youth and Children's Ministry or Pastor, to be given copies of documents applicable to programs conducted at Crossroads UMC.

The Director of Youth and Children's Ministry or Service Ministry Team is responsible for reviewing this policy with each applicant prior to them beginning or participating in ministry to children, youth and/or vulnerable adults.

All Staff persons, Ministry Team Leaders, and Volunteers working with children, youth and/or vulnerable adults at Crossroads UMC activities are required to attend an orientation annually that includes information regarding this policy, procedures for supervision, as well as information on how to identify and report child abuse.

General Guidelines for Youth and Children's Ministry

- No child / youth will be left unsupervised while attending Crossroads UMC's activities. Staff persons or volunteers shall know the names and whereabouts of the children or youth in his/her assigned group. Staff persons or volunteers shall be physically present at all times with the children or youth in his/her assigned group.
- Two unrelated adults (18 or older) shall be present at all times during any church sponsored program, event, or ministry involving children and youth.
- There will be chaperones of both genders at any church sponsored youth activity, when young people of both genders are participating in the activity. Men will not chaperone girl's activities without a woman present and women will not chaperone boy's activities without a man present.
- There should be at least one CPR / First Aid Certified adult on site at all times children or youth are present.
- Each room or space where children or youth are regularly present shall have a window in the door. Every door window will remain uncovered. Any windowless door will remain open at all times. A teacher left alone will leave the door open when working with a child or children. All activities shall occur in open view.
- Staff persons and/or persons in charge of a particular activity or event shall always give advance notice and full information regarding an activity(ies) or event(s) to parents or guardians. Parents/guardians must give written permission, which includes pertinent health information, for their child's participation prior to the event.
- Staff persons and/or persons in charge of a particular activity or event which requires transportation will follow the Transportation Procedures.
- No drugs, alcoholic beverages, weapons or fireworks will be allowed.
- All children and youth participating in activities when a parent is not present are required to have a completed Minor Child Information Form on file. For off-site or overnight events, each child or youth must have a completed activity permission form.
- ALLERGIES – Any child with an allergy must have a completed ALLERGY ACTION PLAN on file.

- MEDICATION – If a minor child is to be given medication while at a church run or sponsored event, and a parent is not present to administer the medication, a MEDICATION CONSENT AND LOG form must be completed.
- Crossroads UMC will offer First Aid and CPR trainings at least once a year to all church workers.
- Crossroads UMC will regularly provide a variety of opportunities, including written information and/or an interactive event or a series of events, which invite families to learn the facts about child abuse and about the church's prevention procedures.
- Staff persons and/or persons in charge of children's ministries will have detailed plans for events or programs. Those plans will address appropriate settings, appropriate equipment, materials, safety procedures, supervision, and contingencies.

All Children's Activities

- Parents are asked to walk children to and pick up children from their designated room or the space the activity is taking place in.
- Parents are encouraged to enter and exit the building using the door closest to the activity, unless otherwise notified.
- Please respect the leader's time and pick up your child on time.
- Please be respectful while in hallways and areas of the church where meetings and other group activities are taking place.
- Youth age 17 & under may help or assist a qualified adult leader with children's ministry. The helper must be at least 5 years older than the children being cared for.

Sunday School

- Teachers are expected to be in their classroom at least 5 minutes before the children arrive.
- Parents are asked to walk their children to their classrooms. If a teacher is not present when the parent arrives with the child, parents are asked to stay with their child in the classroom until the teacher arrives.
- Parents are asked to fill out a Parent Connect Card advising teachers where they will be during Sunday school and who may pick up their child from Sunday school. These cards should be updated periodically to ensure accuracy of the information.

Nursery

- Parents must label all items belonging to their child with first name and last initial.
- Parents must sign their children in on the clipboard, indicating where they will be and who will pick up their children.
- Parents are encouraged to pick up their child immediately after worship, unless the parent has indicated that the child will be staying for Sunday school immediately following the first worship service.
- Parents are asked to bring an adequate supply of diapers and other food items that their child may enjoy or need.
- Nursery Staff and/or Volunteers need to be in the nursery by 9:00 a.m. on Sunday mornings. Nursery Staff and/or Volunteers are expected to be in the nursery 15 minutes before children arrive during other activities / events.
- When the staff or teachers leave the room, all toys and furniture should be in the appropriate places.

Worship

- Parents are responsible for the supervision of their children before, during, and after worship services if they are not in nursery care or Junior Church.
- Parents are encouraged to accompany their younger children in the hallways, stairways, bathrooms, and elevator.

- Parents will monitor older children/youth so that they are not unsupervised in the hallways, bathrooms, stairways, and elevator.
- Children's Worship Leaders will walk the children from the sanctuary to the Fellowship Hall.
- Parents are asked to fill out a Parent Connect Card advising staff where they will be during worship and who may pick up their child from Children's Worship. These cards should be updated periodically to ensure accuracy of the information.
- Parents are asked to pick their children up from the Fellowship Hall immediately following worship unless other arrangements have been made with the ministry leader or designee.

Transportation Guidelines

- No drivers under the age of 25 shall be used to transport children, youth and/or vulnerable to / from events sponsored by Crossroads UMC.
- Drivers must be covered by adequate insurance
- Any person who transports children, youth and/or vulnerable shall be a demonstrably safe driver and have proper credentials in the state of residence (including no DUI's or excessive number of speeding tickets)
- Each passenger must have a seat belt and the use of them must always be enforced.
- Youth shall not ride with another youth to or from events.
- There shall be enough space for the passengers to be reasonably comfortable and for all the luggage and equipment.
- If possible, there should be a working and charged cell phone, citizens band radio or some other way to communicate in an emergency.
- Each vehicle shall have a marked map and/or reliable directions.

Guidelines for Excluding Sick Children

Children who are ill should not be sent to the nursery or Sunday school. Your child must remain with you if any of the following symptoms exist:

- A fever of 101° or higher
- Vomiting within the last 24 hours
- Diarrhea within the last 24 hours (more than three abnormal stools)
- Contagious diseases, such as chicken pox, measles, impetigo or pink eye
- Head Lice
- An infectious runny nose (thick, discolored mucus) accompanied by a fever
- Any unidentified rash
- Requires one-on-one care

Notification of Illness

If your child becomes ill at Crossroads UMC, you will be notified immediately. Since we have no area to isolate an ill child, it is very important that you or a designated person pick up your child right away.

Returning After an Illness

Your child may return to the nursery / Sunday school following an illness if the following conditions are met:

- The child is fever-free for 24 hours without fever-reducing medication
- The child has a bacterial infection and has been on antibiotics for a minimum of 24 hours
- The child has not vomited or had diarrhea in the last 24 hours
- The nasal discharge is not thick, yellow or green and there is no fever
- Eyes are no longer discharging or the condition has been treated with an antibiotic for 24 hours
- The rash has subsided or a physician has determined the rash is not contagious
- Twenty-four hours after hair has been treated for head lice, and all nits have been removed

Health and Safety Procedures

The staff will do everything possible to prevent the spread of childhood illness at Crossroads UMC.

These precautions include the following:

- Separating children who become ill from the group
- Hand washing procedures in place for staff and children; before and after eating, after bathroom use, diaper changing and outdoor play
- Disinfecting tables prior to and immediately after eating
- Washing and disinfecting toys

Abuse Prevention and Intervention

Reporting

Once an incident of abuse/inappropriate behavior occurs or allegation of an incident is made, it is crucial that it is taken seriously and be dealt with speedily and in a clearly outlined manner.

The Staff person, Ministry Team Leader, Volunteer or Helper who observes or learns of alleged abuse/inappropriate behavior is required to report the incident immediately to the person in charge of the activity or event. The person in charge of the activity or event in which the alleged abuse was observed or disclosed shall immediately attempt to obtain necessary information using State of Michigan Form DHS-3200.

The State of Michigan requires that the one receiving the disclosure or report is to make the report to the county if the person making the disclosure is unable to make the report or needs assistance. The State of Michigan allows only law enforcement and the State authorities to investigate any allegations. Any inquiring or question asking beyond the content of the official State report could be found to be 'interfering with an investigation' or 'contempt of court'. This cannot be overstated.

The State requires that an oral report be made to the County Child Protective Services (CPS) within 24 hours of the disclosure or incident. A written report (DHS-3200) is required within 72 hours. At the conclusion of each report, the reporter and others are required by the State to follow any other instructions given by the State or County office.

Reports of allegations involving adults requiring special care are slightly different. The same reporting procedures shall be followed for the purposes of these policy and procedures with Adult Protective Services (APS).

The person who is the object of the allegation will be immediately removed from participation with children, youth and/or vulnerable adults in church sponsored activities. This will be handled in a confidential manner recognizing that an investigation will be conducted. Upon receiving the necessary information, the person in charge of the activity will call the Pastor immediately.

Response Plan

A quick, compassionate and unified response to an alleged incident of child abuse or other inappropriate behavior is expected. All allegations will be taken seriously. However, the presumption of innocence shall be maintained until such time, if any, as the person is proven to be guilty, or admits guilt.

In all cases of reported or observed abuse in a children's or youth activity, the entire staff of that activity shall be at the service of all official investigating agencies.

Information will be forwarded to the Crisis Team through the reporting procedures. The Crisis Team is responsible for making appropriate referrals and authorizing the procedures of the outcome toward a beneficial resolution – in compliance and under the direction of Child / Adult Protective Services.

Crisis Team

Members

- Pastor
- Director of Youth and Children's Ministry
- One church member with professional background in Health Services, Legal Services, or Mental Health and two additional adults who have the gifts of discernment and or prayer. These three members will be nominated by the Service Team.

Purpose for convening

Monitor the report of abuse, the report of a disclosure of abuse or assault, or threat of same, against anyone while participating in a church sponsored event or on the church property

Report of suspected or observed inappropriate behavior by any participant in activities on church property or during any church sponsored event

Response to Pastor's request in the event of a major crisis that has immediate and significant impact on one or more of the church family/friends

Response to knowledge or suspected harm or impending danger for any member of a church family/friend

Plan for Response to Suspected or Alleged Incident of Abuse

Anyone who suspects abuse must report the event to a staff person who will then be responsible for following the guidelines below.

Assess Needs for Emergency Care for the Victim.

Follow instructions of Child Protective Services

Provide emergency healthcare as needed. The care and safety of victim is the first priority.

- First Aid
- Emergency services
- Hospital emergency room

Arrange for crisis counseling/therapy and/or long-range counseling where deemed appropriate.

Take precautions to Secure the Area. Maintain the integrity of the area and protect all evidence for the professional investigation.

Assist the Victim and Victim's Family.

Take all allegations seriously and do not prejudge the situation

Offer and provide pastoral resources as needed

- Show care and support to prevent further hurt

Determine Communication Goals.

- Notify legal authorities as required - report incident to Children's Protective Services (CPS) or Adult Protective Services (APS)
- Pastor or designated representative will be informed of all details of the incident and will release any information that is to be disseminated to the media
- Immediately contact church's insurance carrier
- Inform the Crossroads Gifts and Service Team, any other appropriate church body, and church legal counsel
- Inform Church staff of incident on a "need to know" basis (to ensure privacy of the victim and/or accused) and their support enlisted as needed.

Document Actions Taken.

- Document all your efforts at handling the incident.
- No investigations shall be conducted by church parties unless instructed by CPS or APS.
- Individual files will be kept documenting all actions, conversations, etc.
- File will be retained in a locked and secure area to insure privacy and confidentiality.

Relationship With The Alleged Perpetrator

Remove the alleged perpetrator from any further contact with children, youth, vulnerable adults and staff.

Treat the accused with dignity and support:

- Offer and provide pastoral care to family of alleged perpetrator as appropriate. Refer to outside clergy if deemed more desirable or as requested by the family.

Forms and Additional Resources

Youth and Children's Ministry Team Volunteer Application

Minor Child Information Record

Parent Connect Card

Allergy Action Plan

Medication Consent and Log Form

Mandated Reporter Checklist

DHS 3200 – Report of Actual or Suspected Child Abuse or Neglect

____ Male
____ Female

Today's Date _____

PERSONAL INFORMATION

Last Name First Name Middle Name

Address City Zip code

Home Phone Business Phone Cell Phone

Date of Birth Email address

Marital Status ____ Married ____ Single

SPOUSE (if applicable)

Last Name First Name Middle Name

Home Phone Business Phone Cell Phone

Date of Birth Email address

CHILDREN (living in your home, if applicable)

Last Name First Name Date of Birth

Last Name First Name Date of Birth

Last Name First Name Date of Birth

Do you have a personal relationship with Jesus? ____ Yes
____ No

Are you currently serving @ CUMC? If yes, list the areas in which you serve: ____ Yes
____ No

Are you currently a member at CUMC? If yes, for how long (include date if known)? ____ Yes
____ No

EXPERIENCE

Please list all previous church work involving children / youth:

Church Name / City / State	Type of Work	Dates

Please list all previous non-church work involving children / youth:

Name or Description	Type of Work	Dates

Please list any gifts, callings, training, education or other factors that have prepared you to work with children / youth:

BACKGROUND / HISTORY

Have you had any experiences that might make it difficult for you to minister to children / youth at Crossroads UMC? Yes No

Have you ever been convicted of any crime other than a traffic violation? Yes No

Are you actively engaged in any conduct that is contrary to the teachings of the Bible? Yes No

Do you have any health issues that could place the children/youth of Crossroads at risk? Yes No

If you answered yes to any of the above questions, please explain below: Yes No

REFERENCES / BACKGROUND CHECK

BACKGROUND CHECK INFORMATION

This authorization and consent for release of personal information acknowledges that Crossroads United Methodist Church may now or at any time I am in volunteer service, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, driving records, educational reference, personal reference, name verification, social security verification, county civil court records, county felony criminal history, county misdemeanor or criminal history, federal civil court records and criminal history (statewide, federal or extended).

I understand that these searches will be used to determine volunteer work assignment for Crossroads United Methodist Church. Therefore, I authorize and consent for full release of records to the authorized representatives of the church. In addition, I release and discharge Crossroads United Methodist Church and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Act, I am entitled to know whether volunteer service was denied base upon the information obtained and to receive, upon written request, a disclosure of the background report.

After reading this document I fully understand its content and authorize the background verification. I also certify that the answers provided above and below are accurate to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of volunteer eligibility. Should my application be accepted, I agree to be bound by the policies of Crossroads United Methodist Church and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicants Signature _____ Date _____

PERSONAL REFERENCES

Table with 4 columns: Name, Phone Number, Relationship, Yrs. Known. Two empty rows for data entry.

APPLICANT PERSONAL INFORMATION

Form with fields for Last Name, First Name, Middle Name, Home Phone, Business Phone, Cell Phone.

Other aliases used: _____

Drivers License Number: _____ Issuing State: _____

Office Use Only Below This Line

Submitted by: _____ Date: _____

Notes: _____

VOLUNTEER (OPPORTUNITIES LIST)

Please check all you may be interested in

Children's Ministry

- | | |
|--|---|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Small Groups |
| <input type="checkbox"/> Sunday school (Preschool) | <input type="checkbox"/> Activity Bags |
| <input type="checkbox"/> Sunday school (K-2) | <input type="checkbox"/> Playground Supervision |
| <input type="checkbox"/> Sunday school (2 - 5) | <input type="checkbox"/> Vacation Bible School |
| | <input type="checkbox"/> Junior Church |

Youth Ministry

- | | |
|--|--|
| <input type="checkbox"/> Middle School Youth Group | <input type="checkbox"/> Worship Team |
| <input type="checkbox"/> High School Youth Group | <input type="checkbox"/> Praise Band / Worship Leading |
| <input type="checkbox"/> Service Projects | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Small Group Host |
| <input type="checkbox"/> Fellowship | <input type="checkbox"/> Small Group Leader |
| <input type="checkbox"/> Set Up / Tear Down | <input type="checkbox"/> Prayer Warrior |
| <input type="checkbox"/> Resource Team | <input type="checkbox"/> Multimedia |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Graphic Design |

Active From	Until:	Grade:
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MINOR CHILD INFORMATION RECORD
Crossroads United Methodist Church

Name of Minor Child (Last, First, MI)			Address		
DOB	Home Phone	City	State	Zip	

Father / Legal Guardian			Mother / Legal Guardian		
Home Address (if different than minor)			Home Address (if different than minor)		
City	State	Zip	City	State	Zip
Email			Email		
Home Phone			Home Phone		
Cell Phone			Cell Phone		
Work Phone			Work Phone		

Name (s) of person other than parent / guardian to whom child may be released

Emergency Contact Information (If parent / guardian is unavailable)

Name	Phone
Relationship to child:	
Name	Phone
Relationship to child:	

Health Information

Name of Physician / Health Clinic	Physician / Health Clinic Phone Number
Name of Health Insurance Carrier	Health Insurance Policy Number
Hospital Preferred for Treatment	Date of Last D-Tap (Diphtheria, Tetanus, Pertussis) shot
Allergies (if no known allergies, please mark NKA)	Special Needs / Other Important Information

I give permission to Crossroads United Methodist Church , or a representative of CUMC, to secure emergency medical and/or emergency surgical treatment for the above mentioned minor while under the supervision of the above mentioned group.

Parent Signature Date

I give permission to Crossroads UMC to use photograph(s) of my child during church events to advertise and promote CUMC.

Parent Signature Date

Date _____

Parent Connect Card
For use ONLY when a parent is on site @ CUMC

Childs Name: _____

Parents Name: _____

Parent Location: _____

Allergies: _____

Notes / Other Info: _____

Date _____

Parent Connect Card
For use ONLY when a parent is on site @ CUMC

Childs Name: _____

Parents Name: _____

Parent Location: _____

Allergies: _____

Notes / Other Info: _____

Date _____

Parent Connect Card
For use ONLY when a parent is on site @ CUMC

Childs Name: _____

Parents Name: _____

Parent Location: _____

Allergies: _____

Notes / Other Info: _____

Date _____

Parent Connect Card
For use ONLY when a parent is on site @ CUMC

Childs Name: _____

Parents Name: _____

Parent Location: _____

Allergies: _____

Notes / Other Info: _____

Date _____

Parent Connect Card
For use ONLY when a parent is on site @ CUMC

Childs Name: _____

Parents Name: _____

Parent Location: _____

Allergies: _____

Notes / Other Info: _____

Date _____

Parent Connect Card
For use ONLY when a parent is on site @ CUMC

Childs Name: _____

Parents Name: _____

Parent Location: _____

Allergies: _____

Notes / Other Info: _____

Food Allergy Action Plan

Student's Name: _____ D.O.B: _____ Teacher: _____



ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

◆ STEP 1: TREATMENT ◆

<u>Symptoms:</u>	<u>Give Checked Medication**:</u> <small>** (To be determined by physician authorizing treatment)</small>
▪ If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ Other† _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
▪ If reaction is progressing (several of the above areas affected), give:	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject® 0.3 mg Twinject® 0.15 mg (see reverse side for instructions)

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◆ STEP 2: EMERGENCY CALLS ◆

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent _____ Phone Number(s) _____

4. Emergency contacts:
Name/Relationship _____ Phone Number(s) _____

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)

TRAINED STAFF MEMBERS

1. _____

Room _____

2. _____

Room _____

3. _____

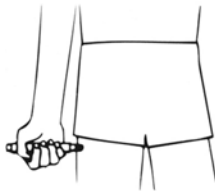
Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



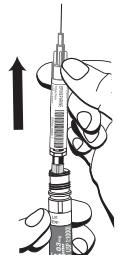
- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*



CUMC MEDICATION CONSENT AND LOG FORM

Child's Name: _____

PARENTS - COMPLETE THIS SECTION

STAFF / VOLUNTEER - COMPLETE THIS SECTION

Date	Parent Signature	Name of Medication	To Be Given		Safety Check?	Time Given	Date Given	Staff Initials	Notes
			Date	Time					

Safety Check:

1. Child restraint container
2. Original prescription or manufacturers label with name and strength of the medication and physician's directions for use (phone or written)
3. Name of child on container is correct
4. Current date or prescription / expiration label covers period when medication is to be given
5. Name and phone number of licensed health professional who ordered medication on container or on file
6. Instructions are clear for dose, route and time to give medication

Crossroads United Methodist Church
Mandated Reporter Checklist

Name and Title of Mandated Reporter: _____

Please check the boxes to the right of each action as you complete them:

_____ Called the Michigan Department of Human Services Child Abuse Hotline (1-800-942-4357)
NOTE: This call must be complete within 24 hours of receipt of report or disclosure of abuse

Date: _____ Time: _____

Spoke with: _____

Notes: _____

_____ Completed and mailed DHS-3200 Form (Report of Actual or Suspected Child Abuse or Neglect)
NOTE: This form must be completed within 72 hours of making the initial phone call to DHS

Date: _____ Time: _____

_____ Called alleged victims parents / guardians (if applicable)

Date: _____ Time: _____

Spoke with: _____

Notes: _____

_____ Notified other members of church staff / ministry teams as appropriate

Date: _____ Who? _____

Date: _____ Who? _____

Date: _____ Who? _____

Date: _____ Who? _____

_____ Notified District Superintendent that an incident has been reported:

Date: _____ Time: _____

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to the local county Department of Human Services. Indicate if this report was phoned into DHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-21. Only medical personnel should complete items 22-30.

1. Date - Enter the date the form is being completed.
 2. List child(ren) suspected of being abused or neglected - Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
 3. Mother's name - Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
 4. Father's name - Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
 5. Child(ren)'s address - Enter the address of the child(ren).
 6. City
 7. County
 8. Phone - Enter phone number of the household where child(ren) resides.
 9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
 10. Relationship to child(ren) - Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
 11. Person(s) child(ren) living with when abuse/neglect occurred - Enter name(s). Indicate if individuals have a disability that may need accommodation.
 12. Address where abuse / neglect occurred.
 13. Describe injury or conditions and reason of suspicion of abuse or neglect - Indicate the basis for making a report and the information available about the abuse or neglect.
 14. Source of complaint - Check appropriate box noting professional group or appropriate category.
Note: If abuse or neglect is suspected in a hospital, also check hospital.
- DHS Facility** - Refers to any group home, shelter home, halfway house or institution operated by the Department of Human Services.
- DCH Facility** - Refers to any institution or facility operated by the Department of Community Health.
15. Reporting person's name - Enter your name if you are reporting this matter.
 16. Name of reporting organization - Enter the name of the agency or organization, if appropriate.
 17. Address
 18. City
 19. State
 20. Zip Code
 21. Phone Number