

How Safe Is Your Youth Ministry?

Yes No Sometimes

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have my volunteer leaders gone through an application and acceptance process (that includes written applications, reference forms, back ground checks and interviews?) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have my volunteer leaders been screened for any prior criminal, sexual, or physical abuse accusations or violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have my volunteer leaders been trained for the job I have asked them to do? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have I trained volunteers in general safety procedures, and do I discuss specific safety procedures with them prior to an activity or event? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do my volunteers understand and practice our prescribed standard of "safe conduct" with students to avoid any suspicion of sexual misconduct? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do my volunteers know their specific jobs at the events they attend? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do I have an appropriate adult/student ratio at every event? |

Student Information

Yes No Sometimes

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do I have permission/release form and medical form signed by parents for each participating student? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do I have current phone numbers so I can contact parents in case of an emergency? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are parents fully informed (in writing) about the activities in which their children will be involved? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If I have to take any student to the hospital, am I prepared to answer questions I will be asked about personal information, medical information and insurance? |

First Aid and Emergency Response

Yes No Sometimes

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are members of my youth ministry team trained in a certified first aid course? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a person trained in first aid present at all of our youth activities and trips? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is our first aid kit adequately stocked and available at all of our youth activities and trips? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do I carry with me phone numbers of people who should be contacted in case of an emergency (ambulance, police, ministry supervisor, parents)? |

Drivers and Vehicles

Yes No Sometimes

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do we have a written policy regarding driving standards and who is allowed to drive for all the activities and trips? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do we use only drivers who are qualified and responsible? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do we prohibit students from driving other students to our activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do we require the use of seat belts at all times? |

Planning and Preparedness

Yes No Sometimes

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do we regularly check for safety the vehicles we use, including fluids, brakes, tires and the like? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do we have a clear written set of basic safety rules for the activities of our youth ministry? |

Yes No Sometimes

___ ___ ___ Do we have sufficient insurance coverage for both leaders and kids in our youth ministry?

___ ___ ___ While preparing for an event, do I inspect the physical facilities or location and look for safety hazards?

___ ___ ___ To prepare for an event, do I walk through the proposed activities to anticipate what risks are involved?

___ ___ ___ Do I think through a worst-case-scenario to identify potential problems and to plan responses to those problems?

___ ___ ___ When an activity seems dangerous, do I have the wisdom and courage to stop it regardless of the reaction of the students involved?

___ ___ ___ Do all parents have emergency numbers for site; cell phone numbers for each vehicle; schedule of events and beginning/ending times?

___ ___ ___ Do all parents have their emergency contact sheet on file including their cell/pager numbers?

Analysis: Each "no" or "sometimes" answer needs your attention. Review these questions and answers with your supervisors and your volunteer staff. Then decide together what you can do to improve the protection you provide for the students in your youth ministry.

Staff Behavior Standards

Name of staff/volunteer:

Social Security Number:

This staff behavior standards document is to be read and signed by all staff annually.

1. Any verbal or nonverbal sexual behavior with any student is inappropriate.
2. Dating or going out with any student is forbidden.
3. Discretion must be used in dealing with all students, especially regarding physical contact. Innocent behavior can be misinterpreted. A hug around the shoulders is not sexual abuse, but a full body hug, stroking, massaging, or an affectionate kiss raises questions. Any overt display of affection should be made in a public setting in front of other group members.
4. Sexual gestures or overtures a student makes to a staff member should be reported to the youth leader so that discussion can be held with the student.
5. "Buddy systems" should be used by staff whenever possible, but especially when working with students of the opposite sex.
6. One-to-one counseling with a student should always occur in a public place – never alone in a car or in a private place.
7. Driving alone with a student of the opposite sex should be avoided at all times, especially when working with troubled teens.
8. If it is necessary to ride or drive alone with a teen, special care should be taken with a student of the opposite sex. (Don't sit close to one another in the car. Do not come into physical contact with each other. Do not stop the car to talk. If you must stop, turn on the inside light of the car. Avoid physical contact (hugs & kisses) when saying goodbye. Be aware of the time you depart and arrive. Mark those times in your diary or record.)
9. Romantic or sexual attraction for a student by an adult leader should be brought up and discussed with the ministry team leader for prayer and guidance.
10. All suspicions of child or sexual abuse must be reported to the abuse hot line.
11. Any knowledge or suspicion of any youth ministry staff having an inappropriate relationship with a student must be reported promptly to the youth ministry leader. If the person in question is the leader, the report should be made to the supervisor of that person.

Have you been involved romantically or sexually with any student in the youth ministry at any time during the past year? _____ Yes _____ No

Do you know of anyone on the youth ministry team who is or has been romantically or sexually involved with any student in the youth ministry? _____ Yes _____ No

Are you now a child abuser or have you ever been convicted of child abuse or sexual abuse? _____ Yes _____ No

If yes, please explain:

I understand that my role as advisor to youth at any time requires my strict adherence to these guidelines. I also understand that by it's very nature, working with youth is challenging, humbling and rewarding. I further understand that my very actions represent the larger "adult" community to the youth I work with. Any failure on my part to stay within accepted parameters constitutes a breach of faith.

I certify that I have read and agree to abide by these standards and that the statements above have been answered truthfully.

Signature: _____

Date: _____

Parent Information and Release Form

Name of Church: _____

Name of Activity and Dates: _____

Name of Student: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Sex: _____

Social Security Number: _____

Listed below are some of the activities we have planned to offer to the students during the trip. Place your initials next to specific activities listed below to indicate your approval of your child's participation:

_____ Football

_____ Swimming in a lake

_____ Canoeing

_____ Walking the ropes course

_____ Rock climbing

_____ Hiking

Rules of Behavior

1. No alcohol, drugs or tobacco
2. Attendance at meetings is mandatory
3. No visiting the sleeping quarters of the opposite sex.
4. Follow curfew.

Parent and Student Release Statement:

As parent/legal guardian of _____, I have reviewed the information about the youth ministry activity/event and give my permission for the subject of this release to be involved in the overall activities and in the specific activities that I have initialed above.

I/We have reviewed the rules of the activity and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We consent to the use of any video images, photographs, audio recording, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as (name of church) sees fit.

I/We understand all reasonable safety precautions will be taken at all times by the (name of church) and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold (name of church), it's leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

I attest that the information provided above is true and complete.

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

Emergency Contact Numbers for Parent/Guardian during this event:
(cell, pager, etc.)

Health History:

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

Any allergies? _____ to medications? _____

_____ Hay Fever _____ Heart Condition _____ Diabetes

_____ Insect Stings _____ Epilepsy/Nervous Disorders

_____ Asthma _____ Frequent Stomach Upsets

_____ Physical Handicap _____ Any major illnesses during the past year?

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions)

Date of Last Tetanus Shot _____ Contact Lenses? _____

Any swimming restrictions? _____ Yes _____ No
What? _____

Any activity restrictions? _____ Yes _____ No
What? _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or an injection, anesthesia, or surgery to my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by (name of church) through its accident policy is only a potential backup for what my family's insurance does not cover. I understand that all reasonable safety precautions will be taken at all times by (name of church) and its agents during the events and activities. I understand the possibility of risk. I agree not to hold (name of church), its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject on this form.

I also give permission for the staff of the event to administer the above medications at the times needed. I understand that medications will be collected and held by staff members to insure safety of all participants.

I attest, as the legal guardian of the above-named child, that the information provided above is true and complete.

Parent/Legal Guardian Signature: _____

Please print above name: _____

Date: _____

Youth Worker Professional Boundaries Quiz

* A youth worker should always say "yes" when a youth asks:

For help	_____	Yes	_____	No
For a favor	_____	Yes	_____	No
To be rescued	_____	Yes	_____	No

* It is appropriate for a youth worker to feel like a parent to a youth. _____ Yes _____ No

* One can be both youth worker and friend to youth. _____ Yes _____ No

* It is permissible to be both youth worker and "therapist" to a youth. _____ Yes _____ No

* It is appropriate to be in a business relationship with a youth. _____ Yes _____ No

* If single, a youth worker can date a youth. _____ Yes _____ No

* If single, a youth worker can date a former youth. _____ Yes _____ No

* There is no apparent risk for a youth worker to counsel youth alone, with no other personnel in the building. _____ Yes _____ No

* How much time a youth worker spends alone with a youth is not important.
_____ Yes _____ No

* There is no apparent risk for a youth worker to counsel a youth in either person's home.

	_____	Yes	_____	No
At any hour	_____	Yes	_____	No

* Lunch or dinner meetings with a youth worker and a youth are not problematic.
_____ Yes _____ No

* There is not a problem for a youth worker to make a personal loan to a youth.
_____ Yes _____ No

* Having long conversations in a car between a youth worker and a youth is without risk.
_____ Yes _____ No

* To receive a gift from a youth is not problematic. _____ Yes _____ No

* Youth workers may be as stylish and/or casual in their dress as they like.
_____ Yes _____ No

* Suggestive clothing being worn by a youth worker is their own business. (skirt length, tight fitting, neckline, amount of jewelry, etc.) _____ Yes _____ No

* Youth workers are allowed to use any language they want. _____ Yes _____ No

* Youth workers are allowed to tell off-color jokes/stories to anyone, including youth.
_____ Yes _____ No

* Youth workers are allowed to drink alcoholic beverages with youth. _____ Yes _____ No

* If youth are sensitive about certain topics of conversation that is their problem and of no concern to the youth worker. _____ Yes _____ No

* Sharing information about oneself and/or one's family as a youth worker with youth is appropriate. _____ Yes _____ No

* Youth workers may...

hold hands with youth during counseling. _____ Yes _____ No

sit next to a youth on a couch. _____ Yes _____ No

meet in a dimly lit room with a youth. _____ Yes _____ No

hug a youth. _____ Yes _____ No

kiss a youth _____ Yes _____ No

*If a youth initiates/requests a hug, kiss, hand holding, etc. from a youth worker, it's risk free. _____ Yes _____ No

* How the words, actions, etc. of a youth worker are interpreted and/or perceived by a youth is not the responsibility of the youth worker. _____ Yes _____ No

* It is the youth worker who determines if a word, actions, etc., is a boundary crossing or a boundary violation. _____ Yes _____ No

* Ministry and intimacy go together, it is unavoidable. _____ Yes _____ No

* The better the youth worker, the more intimate he/she is with youth. _____ Yes _____ No

* Much of this boundary stuff is just an overreaction to isolated incidents and doesn't really apply to me. _____ Yes _____ No.

From a risk management perspective as well as a role clarity perspective, the preferred answer to every item is NO.

Information Form For Workers Regularly Supervising Or Caring for Youth

This form will be completed by all persons involved with youth on a regular basis and will be shared with others only on a "need to know" basis.

Name: _____
Last First Middle

Present Address: _____

How long have you lived at this address? _____ to _____
Years

Previous Address: _____

How long did you live at that address? _____ to _____
Years

Any previous out of city or state address?

Have you ever been convicted of a felony or pleaded guilty to a crime, or been identified as a sex offender by the state or a similar local, state or federal agency? ____ Yes ____ No

If yes, please explain in detail: _____

Information Form for Volunteers Working on an Occasional Basis with Youth

This form will be complete by all persons involved with youth on an occasional basis, and will be shared with others on a "need to know" basis.

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

How long have you lived at this address? _____ to _____
Years

Previous Address: _____
Street City State Zip

How long did you live at that address? _____ to _____
Years

As a church volunteer, do you agree to observe all church policies regarding working with minors? _____ Yes _____ No

Have you ever been convicted of or pleaded guilty to a crime, or been identified as a sex offender by the state or similar local, state or federal agency? _____ Yes _____ No

If yes, please explain in detail: _____

Name, address and phone number of the church where you are a member:

List name, address and phone number of other churches you regularly attended during the past 10 years and period of attendance: _____

Name all previous churches where you worked with minors. List the type of work performed and beginning and ending dates:

Church	Address	Type of work
Dates	Contact Person	Phone

Name previous non-church related work with minors.

Organization	Address	Type of work
Dates	Contact Person	Phone

Adult Covenant

I understand that as a volunteer at this church/event I am part of a Christian community. Therefore, I promise to abide by the following guidelines:

1. No alcohol, drugs or tobacco.
2. No visiting in the room or sleeping area of a member of the opposite sex.
3. No unauthorized departure from the event.
4. Strict adherence to all staff behavior guidelines.

I understand that if I do not abide by the above guidelines, I will be held responsible for my actions.

In addition to these guidelines, I covenant with the members of the group to live in harmony with them by:

1. participating in all activities with a spirit of cooperation and an attitude of openness;
2. being on time to all activities;
3. respecting other adults and youth leaders; and
4. respecting and caring for those in the group as sisters and brothers in Christ.

The breaking of this covenant will be handled in a manner determined by the event leaders in accordance with the discipline guidelines for (name of church) youth events.

Adult Advisor Signature: _____

Employment History

Organization	Address	Type of Work
Dates	Contact Person	Phone

Organization	Address	Type of Work
Dates	Contact Person	Phone

References:

Name: _____
Address: _____
Phone: _____
Relationship: _____
Length of Relationship: _____

Name: _____
Address: _____
Phone: _____
Relationship: _____
Length of Relationship: _____

Name: _____
Address: _____
Phone: _____
Relationship: _____
Length of Relationship: _____

Truth Statement

To the best of my knowledge the information here stated is correct. I hereby authorize any churches, organizations, or references listed herein to release any information. (opinions included) that they have in reference to my fitness and character to work with minors.

I release any church, organization, employer or individual including custodians of records, individually and collectively, from any and all liability for damages of whatever type or nature which may at any time result to me, my family or heirs as the result of compliance or attempts to comply with this authorization.

I waive my right to inspect information collected about me by any organization or individual which I have identified on this application.

Further, I confirm that I HAVE READ CAREFULLY THIS RELEASE AND UNDERSTAND ITS CONTENTS. I SIGN THIS RELEASE AS A FREE ACT OF MY OWN WILL.

This is understood to be a legally binding agreement.

Signature of applicant

Date

Witness

Date

Witness

Date