

***Avon United Methodist Church  
Safety Policies  
For Children and Vulnerable Adults***

**BACKGROUND:**

The following document is the Avon United Methodist Church [AUMC] safety policy and forms specific to Children and Vulnerable Adults. These guidelines are based on policies from other organizations, both inside and outside of the Conference, and have been adapted to AUMC.

It is a reality that accidental injury, child abuse, sexual misconduct and false accusations occur wherever humans exist. While it is impossible to completely insulate anyone from the above occurrences, steps can be taken to greatly reduce the risk of harm to children, vulnerable adults and those who work with them.

Often churches are reluctant to adopt safety policies as volunteers and employees are seemingly well known. Also many are under the illusion that child abuse only occurs in “other places” and it would seem “unchristian” not to trust volunteers. However, more than 80% of abuse is perpetrated by persons known to the victim, and abuse happens everywhere. There are no financial, racial, educational or other barriers to abuse. Abuse is far too prevalent to be ignored by our church. The terrible statistics such as one out of 3 girls and one out of 7 boys is sexually abused before the age of 18, scream out for help in all arenas.

While creating a safety policy may be difficult to establish and enforce, the end results produce an atmosphere where adults can be free to teach and love, children and vulnerable adults, in a Christ-like manner, and children and vulnerable adults can pursue their journey to know, love and serve God freely without fear.

An Abuse Prevention Policy, established and followed, provides parents and guardians assurance that the Church cares about and actively seeks to prevent conditions conducive to predatory behavior by would be abusers.

**Definitions:**

1. A **child** is anyone under the age of 18.
2. A **Vulnerable Adult** is, “An adult (a person aged 18 or over) who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself, or unable to protect him or herself against significant harm or exploitation” (1).
3. A **Volunteer** is a person who works with children or vulnerable adults in any unpaid capacity.
4. **Child or Vulnerable Adult Abuse** refers to any non-accidental injury; any sexual activity or sexual exploitation; or any neglectful treatment or maltreatment that harms the health, welfare, or safety of a child or vulnerable adults. This includes the following types of abuse:
  - a. **Physical Abuse:** Causing deliberate and intentional bodily harm to a child or vulnerable adult.
  - b. **Emotional Abuse:** verbal and/or nonverbal emotional cruelty to a child or vulnerable adult. Emotional abuse sends a message to the victim that he/she is worthless, bad, unloved, and undeserving of love and care.
  - c. **Neglect:** Endangering a child’s or vulnerable adult’s health, welfare, and safety through negligence. This includes but is not limited to withholding food, medical care, affection, affirmation, clothing, shelter, hygiene, or education.
  - d. **Sexual Abuse:** Sexual contact between an adult and a child, an older and/or more powerful child and a child, or an adult and a vulnerable adult. Sexual abuse may include but is not limited to: fondling, inappropriate touching, intercourse, incest and the exploitation or exposure to pornography and/or prostitution.
  - e. **Ritual Abuse:** Intentional abuse of a physical, sexual, or psychological nature inflicted on a child or vulnerable adult in a stylized way by a person (or multiple persons) with responsibility for the victim’s welfare. Ritual abuse may include cruelty or threats of cruelty of animals, and repetitious threats of sexual or physical violence to the victim, or other persons related to the victim.

## **AUMC GUIDELINES FOR ADULT VOLUNTEERS AND EMPLOYEES WHO WORK WITH CHILDREN AND VULNERABLE ADULTS**

1. Volunteers and employees must be at least 21 years of age and at least 5 years older than the oldest child. Those under 21 years of age wanting to assist must be 5 years older than the oldest child being supervised and may not be the primary supervisor.
2. Anyone volunteering must have consistently attended activities of the church for at least six months prior to volunteering.
3. Volunteers and employees must complete and sign an application form. (sample attached) Assistants under 18 years of age must have co-signature of a parent or guardian.
4. Volunteers and employees must give written consent for a criminal background check, which should include a County and National criminal check, Department of Motor Vehicles Report and a Social Security Number Validation. (www.volunteerselec.com provides this service for less than \$10 after setup fee. You may also access the NYS Sex Offender Registry at: <http://criminaljustice.state.ny.us/nsor/index.htm>)
5. Volunteers, employees, and assistants must agree to abide by the adopted safety policy of the church.
6. Volunteers, employees and assistants shall observe the two-adult rule at all times so that no adult is ever alone with one child. It is preferable that the adults not be related. In the event of a counseling situation, it is recommended that a second adult be in visual contact.
7. In a situation of transportation, the two adult rule may be suspended, but it is recommended that no adult should ever be alone in a vehicle with a child or vulnerable adult.

### **PHYSICAL SURROUNDINGS:**

1. Classrooms, offices, and other rooms should have windows which make the rooms clearly visible to outside observers. These windows should usually be in the interior doors. Rooms without clear visibility should leave a door open whenever children are present.
2. Spaces used for children and vulnerable adults should be clean and free from safety hazards, such as chipping paint, toxic chemicals, fire hazards, etc. Fire exits should also be readily available.
3. Scheduled activities should be within safety guidelines for facilities and activities. Adult supervision is also necessary.

#### OTHER CONSIDERATIONS:

1. Child to adult ratios should be carefully considered. Age and care needs of children and vulnerable adults should be taken into consideration. General rule – 1 adult per 3 children ages 0 – 2 years, 1 adult per 8 children ages 3 – 4 years, 1 adult per 10 children ages 5 – 8 years. There should never be less than 2 adults or 1 adult and 1 assistant for any activity.
2. Abuse may happen between children and between vulnerable adults. Volunteers and employees should be aware of potentially abusive and/or misconduct situations whether it is physical, emotional, or sexual occurring between children and between vulnerable adults. There must be supervision at all times to minimize the possibility of this type of abuse.
3. If abuse is suspected, refer to Response and Reporting section.

#### TRANSPORTATION:

1. Adults transporting children or vulnerable adults must have a valid driver's license, be at least 21 years of age and at least 5 years older than the oldest child.
2. Private vehicles used for transportation must have a current inspection and registration and be properly insured.
3. There must be a seat belt (and car seats for those required by NYS law) for every child/vulnerable adult that is transported in any vehicle other than a bus. Adults are responsible to see that they are used.
4. In a situation of transportation, the two adult rule may be suspended, but it is recommended that no adult should ever be alone in a vehicle with a child or vulnerable adult.

#### PERMISSION FORMS:

1. A detailed medical form should be filled out by a parent or guardian for each child at the beginning of each year and kept on file. This form could give blanket permission for things such as walking trips outside the church during regularly scheduled meetings or classes, or permission for children to leave the classroom after Sunday School to join parents in the sanctuary.
2. An event specific permission form should be completed and signed by a parent or guardian for each event outside of the church.

## AUMC RESPONSE & REPORTING PLAN

1. Immediate care is to be provided for the victim and if a child is involved, a parent or guardian is to be notified immediately. If there is an injury, call 911. DO NOT confront the accused. Safety of the victim is the first priority.

2. Notification of the incident:

a. If the incident involves a layperson(s), immediately contact the Pastor. The Pastor will contact the police and/or Child Protective Services and will also notify the following:

Bishop's office. (Bishop's office will notify District Superintendent)  
Church Insurance company

b. If the Pastor is not available or if the incident involves a Pastor, contact the church Certified Lay Minister. The Certified Lay Minister will contact the police and/or Child Protective Services and will also notify the following:

Bishop's office. (Bishop's office will notify District Superintendent)  
Church Insurance company

3. Start a written narrative/documentation of incident immediately. Utilize "*Report of Suspected Incident of Child Abuse*" All reporting must be in ink or typed. Copies of all reports are to be filed in a secure location at each of the following locations:

Church office  
District Superintendent's office  
Bishop's office

Media: Questions from the media should be referred to the Conference Director of Communications, Maidstone Mulenga, via following means

315-699-8715 [Maidstonemulenga@unyumc.org](mailto:Maidstonemulenga@unyumc.org)

**AUMC VOLUNTEER APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Hours available for volunteer work \_\_\_\_\_

Previous Work Experience \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Special interests, hobbies, and skills \_\_\_\_\_

Why would you like to volunteer to work with children or vulnerable adults?

\_\_\_\_\_  
\_\_\_\_\_

What qualities do you have that would help you work with children or vulnerable adults?

\_\_\_\_\_  
\_\_\_\_\_

Can you make a one year commitment to a volunteer role? \_\_\_\_\_

Would you like to be able to provide transportation? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Will you use your own vehicle? \_\_\_\_\_

Does your vehicle have valid registration, inspection and insurance? \_\_\_\_\_

Do you have special needs that must be filled to be able to volunteer?

(i.e. handicap accessibility, allergy free environment, special lighting, translator, etc?)

\_\_\_\_\_

Do you have any concerns about your abilities to work with children or youth?  
(You may simply answer yes and talk confidentially with the Pastor)

\_\_\_\_\_

Have you ever been exposed to an incident of child abuse? \_\_\_\_\_

Describe what you believe to be the best way to discipline children: \_\_\_\_\_

\_\_\_\_\_

As a volunteer in this congregation, do you agree to observe and abide by all safety policies regarding working with children and vulnerable adults? \_\_\_\_\_

As a volunteer in this congregation, have you read and understood the safety policy of this church? \_\_\_\_\_

Do you agree to abide by the rules contained in this policy? \_\_\_\_\_

As a volunteer in this congregation, do you agree to discuss with the pastor of this church or other counseling professional, your experience, if any, as a survivor of child abuse prior to volunteering? \_\_\_\_\_

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug related charges, child abuse, other crimes of violence, theft, or motor vehicle violations, including moving violations if more than three in the last 18 months)? (Answering yes will not automatically disqualify a volunteer from working with children.)  
\_\_\_\_\_ Yes \_\_\_\_\_ No (If answer is yes, please explain below)

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** Please list three personal references (people who are not related to you by blood or marriage) and provide complete address and phone information for each.

Name \_\_\_\_\_

Address \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Relationship \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the information I have provided on the volunteer information form is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AUMC DISCLOSURE, AUTHORIZATION & RELEASE FORM

### DISCLOSURE

As part of the volunteer/paid staff application process, Avon UMC may directly gather background information on applicants, including but not limited to information regarding your criminal background, driving record, educational and employment history from a local courthouse, Department of Motor Vehicles, former employer, educational institution, and/or personal reference. Upon your request, you will be informed: (1) whether or not such information was gathered; and (2) if such information was gathered you will be informed of the names and addresses of the providers of the information gathered. Avon UMC may gather this information only with your permission for volunteer engagement purposes and evaluation of your continued engagement as a volunteer should you subsequently be engaged as a volunteer by Avon UMC.

### AUTHORIZATION

I hereby authorize Avon UMC to directly gather information regarding my background, including but not limited to information regarding my criminal background, driving record, educational and employment history from a local courthouse, Department of Motor Vehicles, former employer, educational institutions, and/or personal references. I understand and agree that Avon UMC may gather this information only with my permission for volunteer engagement purposes and evaluation of my continued engagement as a volunteer should I subsequently be engaged as a volunteer by Avon UMC. I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original.

### RELEASE

I affirm that the information contained in this authorization and release is true and correct to the best of my knowledge and belief. I understand that information that Avon UMC receives as a result of this background check may form the basis of a decision not to engage me as a volunteer or other decision about my volunteer application. I knowingly and voluntarily release Avon UMC, any person or party furnishing information to Avon UMC, and their respective employees and agents, from all claims and liability, including but not limited to, claims for defamation, retaliation, discrimination, damages, costs and attorneys fees, arising from or related to the release of information to Avon UMC as part of its background check on me. This authorization and release shall supersede and make ineffective any previous written or verbal restriction or instruction contrary to this authorization and release, provided by me to the recipient. This form shall expressly authorize the release of information from law enforcement agencies, and shall be valid for a period of one year from the date of my signing below.

If I do not provide authorization for Avon UMC to directly gather information regarding my background, nor release the organization and related parties from all claims and liability in the gathering of this information, Avon UMC may terminate the volunteer application process and I will not be engaged as a volunteer.

Applicant Name: \_\_\_\_\_ Former Name of Applicant \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Current Address: \_\_\_\_\_ County: \_\_\_\_\_

Previous Address: \_\_\_\_\_ County: \_\_\_\_\_

**AUMC MEDICAL RELEASE FORM**

I, \_\_\_\_\_ of \_\_\_\_\_  
 Parent/Guardian Name Address, City, State, Zip Code  
 am the \_\_\_\_\_ of \_\_\_\_\_  
 Relation Child's Name  
 of \_\_\_\_\_  
 City, State, Zip Code

I hereby give my consent, in the event that all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while

\_\_\_\_\_ is absent from home \_\_\_\_\_ to \_\_\_\_\_.  
 Child's Name Date Date

Child's Date of Birth: \_\_\_\_\_

Parent/Guardian Phone Number(s): Work: (\_\_\_\_) \_\_\_\_\_ \ \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Family Dentist: \_\_\_\_\_

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

\_\_\_\_\_ City, State, Zip Code City, State, Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Does child carry medication with him/her? \_\_\_\_\_ Can child self medicate? \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Physical impairments: \_\_\_\_\_

Other pertinent facts to which physician should be alerted: \_\_\_\_\_  
 \_\_\_\_\_

If parent/guardian cannot be reached in case of emergency, call:

\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

In a medical emergency, I consent to the chaperone or appointed agent, his/her or their discretion in using, taking, arranging for or consenting to the procedures or treatment. I agree to indemnify and hold harmless The Avon United Methodist Church, the individual members, agents, employees and representatives thereof, for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of the above named member arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards.

I assume the total financial responsibility for the above named member and will not hold The Avon United Methodist Church responsible in the event of a medical emergency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### AUMC PERMISSION FORM

I give my permission for my child \_\_\_\_\_ to participate in all activities during regularly scheduled children's and youth activities of the Avon United Methodist Church for the \_\_\_\_\_ school year. This includes trips to local destinations within the regularly scheduled times of activities providing there is supervision by at least two church approved adult chaperones. All children participating in any activity must have a current Medical release form on file.

Each special event will require an event specific permission form.

It is my understanding that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, Avon United Methodist Church, its staff, and its volunteers are hereby released from any liability.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name signed above

### AUMC Sunday School Release Form 2010-2011 School Year

For children grades 1-6, please check one of the two responses below:

\_\_\_\_\_ I give permission for my child to leave the Sunday School classroom following the time of scheduled release to find me or a designated person at a present location in the church.

\_\_\_\_\_ I, or a designated person, will pick my child up in the Sunday School classroom at the time of scheduled release.

Children in kindergarten and younger must be picked up in the classroom.

Children above 6<sup>th</sup> grade will be excused following the scheduled time of release.

Please list persons other than parent who have permission to pick up your child.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name signed above

**AUMC SPECIAL EVENT PERMISSION FORM**

Name of Event: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Cost: \_\_\_\_\_

Adult Chaperones: \_\_\_\_\_

Drivers: \_\_\_\_\_

Child to Bring: \_\_\_\_\_

All children attending this event must have a completed Medical Release Form on file.

I give my permission for my child, \_\_\_\_\_, to attend the above event. It is my understanding that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, Avon United Methodist Church, its staff, and its volunteers are hereby released from any liability.

\_\_\_\_\_  
Parent's signature\_\_\_\_\_  
Date

**AUMC REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE**

1. Name of worker (paid or volunteer) observing or receiving disclosure of child abuse:

\_\_\_\_\_

2. Alleged victim's name: \_\_\_\_\_

Age & date of birth: \_\_\_\_\_

3. Date/place of initial conversation with reporter: \_\_\_\_\_

\_\_\_\_\_

4. Statement of incident (give detailed summary here): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Name of person accused of abuse: \_\_\_\_\_

Relationship of accused to alleged victim (paid staff, volunteer, family member, etc.): \_\_\_\_\_

\_\_\_\_\_

6. Reported to Pastor: ASSUMES PASTOR IS NOT INVOLVED IN ALLEGATION OF ABUSE.

Date/time: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Call to parent/guardian: \_\_\_\_\_

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

8. Call to local children and family service agency: (NYS Child Abuse hotline: 1-800-342-3720)

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

9. Call to local law enforcement agency: \_\_\_\_\_

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Other contacts: \_\_\_\_\_

Name: \_\_\_\_\_

Date/time: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Reporter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Recorder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name