

Safe Place Policy: Appendix of Resources

Organized alphabetically:

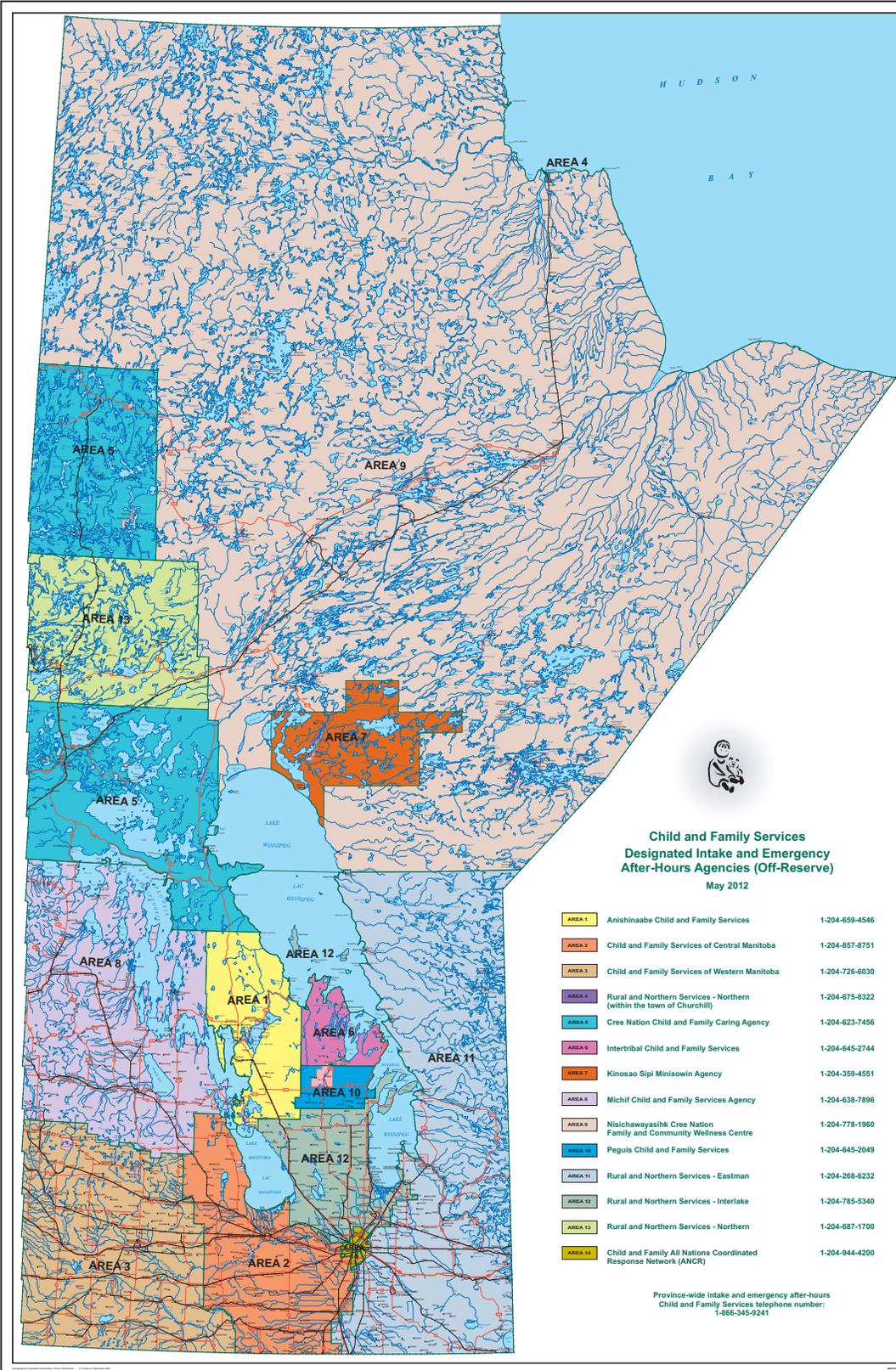
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CHILD & FAMILY SERVICES CONTACT LIST

Appendix 1

In reference to Safe Place Policy section 3.



Child: Individual under the age of 18 years.

Appropriate Touch:

1. Recognizing that children need appropriate displays of affection that reflect pure, genuine and positive displays of God's love, appropriate touch of children will be age and developmentally appropriate. We encourage Ministry Personnel to:
 - Hold a preschool child who is crying,
 - Speak to a child at eye level and listen with your eyes as well as your ears,
 - Hold a child's hand when speaking, listening, or walking with him/her to an activity,
 - Gently hold the child's shoulder or hand to hold attention while you redirect the her/his behaviour,
 - Put your arm around the shoulder of a child when comforting or quieting is needed,
 - Pat a child on the head, hand, shoulder or back to affirm.
2. All touch must be done in view of others.

Inappropriate Touch:

1. Recognizing that the innocence of children must be protected, Ministry Personnel will be made aware that certain actions are deemed inappropriate and will not be permitted. Ministry Personnel are not to:
 - Kiss a child or coax a child to kiss you,
 - Engage in hugging and tickling,
 - Hold a child's face when talking to or disciplining the child,
 - Touch a child in any area that would be covered by a bathing suit (strictly prohibited except in cases of diapering and assisting preschoolers as outlined in washroom procedures),
 - Carry older children or allow them to sit on your lap,
 - Have prolonged physical contact with a child.
2. Ministry Personnel are not to be left alone with a child.

ELECTRONIC COMMUNICATION

Appendix 3

In reference to Safe Place Policy section 2.08 and in light of section 1.04.

Ideally, at the beginning of each ministry year, a parent information evening should be held for parents and guardians to receive an overview of the program, including the practices and policies put in place for the protection of their children. This is the best time to also have parents fill program registration forms, letters of consent, and permission forms, including one for electronic communication. If such a meeting is not possible, consider creating a package for parents to read over and fill out in their own time, with a return date clearly listed on the front.

It is important for parents to be aware of the practices of the programs their children participate in because a great deal of electronic communication includes them. "Electronic communication" includes all forms of social media and all forms of instant messaging, including text messaging and emailing.

Below are just some examples of how the policy could be implemented.

If the child is 12 years old or younger:

- Best practice is to send emails to them and their parents together. It is also acceptable to send group text messages (through iMessage or WhatsApp, for example) to both the parent and child.
- Creating a Facebook group or chat forum on your church's website allows for children, youth, and parents to easily find all the information they need in one location. It also allows for questions to be asked easily and answered publicly.
- Group messages through Facebook or email are also acceptable, with parents included.

If the youth is 13 years old or over:

- It is no longer necessary to include parents in each message. However, parent permission must still be obtained for every ministry year.
- As an accountability/monitoring plan, the church could create a generic email account that all Ministry Personnel in the youth program have access to for the purpose of communication with youth, and is then monitored by them all simultaneously.
- Each Ministry Personnel could be paired with another that serves youth, and for all communication with youth to include the other volunteer, avoiding isolation with the youth.
- Group pages or messages are the best option, as it includes all the Ministry Personnel involved in the program and creates one common space for information to be shared.

The links below lead to two different lists from 2017 of the best Internet filters. Based on both lists, Kaspersky Safe Kids and Net Nanny are the top recommendations. For more information, visit the sites listed, which includes details on features and pricing.

<https://www.pcmag.com/article2/0,2817,2346997,00.asp>

<http://www.toptenreviews.com/software/security/best-internet-filter-software/>

EMERGENCY INFORMATION CARDS

Student's Name _____

Parent's Name _____

Home Number _____

Emergency Contact Number _____

Known Allergies _____

Health Card Number _____

Family Physician _____

EMERGENCY INFORMATION CARDS

Student's Name _____

Parent's Name _____

Home Number _____

Emergency Contact Number _____

Known Allergies _____

Health Card Number _____

Family Physician _____

FIRST AID KIT CONTENTS

Appendix 5

In reference to Safe Place Policy section 2.06: Health & Safety on page 11.

From: <https://www.fast-rescue.com/manitoba-regulations>

Employers must meet the **Manitoba Workplace Safety and Health Act and Regulation** set out in Schedule B. All workers are required to have a first aid kit under subsection 5.12 (1) Manitoba Regulation 217/2006. Manitoba's regulations on first aid kits vary based on the number of employees and the location of the worksite.

Number of kits required per number of people:

- (1) kit per 1-24 people
- (2) kits per 25-50 people
- (3) kits per 51-75 people
- (4) kits per 76 or more people

Content List

- (25) Alcohol Antiseptic Swabs
- (1) Cold Pack, Instant
- (2) Compress, 10 x 10 cm
- (2) Conforming Bandage, 10 cm
- (1) CPR Face Shield, w/One-Way Valve
- (2) Elastic Support Bandage, 7.5 cm
- (1) Fabric Dressing Strip, 7.5 cm
- (16) Gauze Pads, 7.5 x 7.5 cm, Sterile
- (2) Hand Sanitizer, Antiseptic Gel, 3.7 mL
- (1) Bio-Hazard Waste Bags
- (2) Nitrile Gloves, Powder-Free, Disposable
- (32) Plastic Bandages, 2.5 x 7.5 cm
- (12) Safety Pins
- (1) Scissors, Bandage, 14 cm
- (1) Splinter Forceps, Blunt End, 8.1 cm
- (1) First Aid Bilingual Pocket Guide
- (2) Tape, Clear Plastic, 2.5 cm x 1.4 m
- (4) Non-Adherent Pads, 7.5 x 10 cm
- (3) Triangular Bandages

INCIDENT REPORT

Appendix 6

The incident report should be completed as soon as possible after the incident occurs and should include as detailed a description of the situation as possible.

Student Name/s _____ Phone Number _____

Address _____

Nature of Injury/Incident

Incident Date _____ Incident Time _____

Incident Location _____ Event Title _____

All Leaders Present _____

What happened?

Why did it happen?

What action was taken?

Contacted Parents Yes No

Parents' Response

Leader's Name _____ Signature _____

Witness Name _____ Signature _____

The following characteristics may be indicators of abuse. One sign alone does not constitute abuse and may simply be indicative of other issues. Watch for patterns or a combination of these warning signs.

Possible Signs of Physical Abuse

- hostile and aggressive behaviour toward others
- fearfulness of parents and/or other adults
- destructive behaviour toward self, others and/or property
- burns, facial injuries, pattern of repetitious bruises

Possible Signs of Sexual Abuse

- unusually advanced sexual knowledge and/or behaviour for child's age and developmental stage
- promiscuous behaviour
- runs away from home and refuses to return
- difficulty walking or sitting
- sexually transmitted diseases

Possible Signs of Emotional Abuse

- exhibits severe depression and/or withdrawal
- exhibits severe lack of self-esteem
- failure to thrive
- threatens or attempts suicide
- speech and/or eating disorders
- goes to extremes to seek adult approval

Possible Signs of Neglect

- failure to thrive
- pattern of inappropriate dress for weather conditions
- begs or steals food; chronic hunger
- untreated medical conditions
- poor hygiene

INFORMED LETTER OF CONSENT

Appendix 8

Student Name(s): _____

Activity: _____

Date of Activity: _____

Details of the Activity: *(include location/time/sleeping arrangements/mode of transportation/driver/activities upon arrival/ratios of student to staff/explanation of any and all risk which the students will be participating in, such as rock climbing or canoeing)*

Dear Parent:

We are planning an activity as part of our programming that requires your permission prior to participation. Please review the details of the activity. We request that you complete and sign the permission form. The safety of your child is our primary concern.

Permission Form and Consent:

Student's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Emergency Name & Phone _____

I hereby consent to the participation of my/our child(ren) in this supervised activity.

While every precaution is taken for safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at (ORGANIZATION). I/we understand and accept these risks and agree that by allowing my child to participate in those activities, s/he may be taking part in a recreational activity that presents the potential for personal injury.

I/we, the parents or guardians named below, authorize the (ORGANIZATION'S) personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless (ORGANIZATION'S), its personnel, its directors and board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the (ORGANIZATION), as well as of any medical treatment authorized by the supervising individuals representing the (ORGANIZATION). This consent and authorization is effective only when participating in or traveling to events of the (ORGANIZATION).

I have read, understood and agree with above.

Activity: _____

Parent / Guardian Signature _____

Printed Name _____ Date _____

AUTHORIZATION AND MEDICAL CONSENT FORM

Appendix 9

Information received is confidential and is being gathered for the purposes of serving your child while in the care of (CHURCH NAME). Any medical information collected here serves to authorize (CHURCH NAME) and its staff and volunteers to obtain medical assistance in emergencies.

For the school year 20____/20____

Student Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes No

If yes, please explain.

Is your child bringing any medication with him/her? Yes No

If yes, please list.

In case of an emergency, contact _____

Parent Signature _____

Printed Name _____ Date _____

I/we, the parents/guardians named above, authorize (CHURCH NAME) Ministry Staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless the Ministry Staff of (CHURCH NAME), its pastors and board from and against any loss, damage or

injury suffered by the participant as a result of being part of the activities of (CHURCH NAME), as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the (CHURCH NAME).

Photos

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

- Brochures/Promotional material Church
- Website Newsletters

Parent Signature _____

Printed Name _____ Date _____

Student Ministry Activities

(choose one of the following options):

1. I have read, understood and agree with the above and sign it to cover all Student Ministry activities for the program year effective as stated below.

Signature _____

Printed Name _____ Date _____

2. I have read, understood and agree with the above and sign it to cover only the activity listed below.

Activity _____

Signature _____

Printed Name _____ Date _____

Purposes and Extent

(CHURCH NAME) is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at (CHURCH NAME). This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish (CHURCH NAME) to limit the information collected, or to view your child's information, please contact us.

MINISTRY PERSONNEL APPLICATION FORM
APPROVAL CHECKLIST

(For Office Use Only)

1. Ministry Interview Date _____

Name of Interviewer _____

2. References Checked Date Completed _____

3. Criminal Record Check Received Date Completed _____

4. Training Completed Date Completed _____

5. Annual Training Date(s)

Date _____

Date _____

Date _____

Date _____

**MINISTRY PERSONNEL APPLICATION FORM
FOR MINISTRIES TO CHILDREN & YOUTH**

Appendix 12

In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect those who are vulnerable in our church community as well as those who serve them. Thank you for willingness to serve!

Full Name _____

Address _____

Postal Code _____ Email _____

Phone Number (H) _____ (C) _____

Personal History

Please provide a copy of your employment resume and/or list any employers with which you have worked in the past 20 years, including names and addresses of employers, dates, your position, and a contact person.

Hobbies, Interests or Skills

Spiritual History

How long have you attended our Church? _____

Do you regularly attend (2 or more services a month)? Yes No

Are you a member? Yes No

If not, are you willing to attend a membership seminar? Yes No

When did you accept Christ as your Saviour? _____

Have you been baptized? Yes No

If not, are you willing to attend a baptismal seminar?

Yes No

In a brief paragraph, please outline your spiritual journey (you may also use the back side of this form)

List any gifts, training, education or other qualifications that have prepared you to minister with children or youth.

Ministry Information and Experience

Churches I attended in the last five years:

1. Name of Church _____ Phone Number _____

Address _____

Dates Attended _____ Member Adherent

2. Name of Church _____ Phone Number _____

Address _____

Dates Attended _____ Member Adherent

My present and previous ministry experience:

1. Name of Church/Organization _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Phone Number _____

2. Name of Church/Organization _____

Dates and Description of Ministry _____

Pastor or Ministry Supervisor _____ Phone Number _____

Ability to Work with Children and Youth

In order to provide a safe and secure environment for our Church's children and youth, we believe it is necessary to include the following questions as part of our application process. All information will be kept confidential by church leadership and the Safe Place team and will not be disclosed by the church unless required by law. Answering yes to any of the questions may not necessarily prevent you from volunteering with the church. Thank you in advance for your understanding.

1. Are there any circumstances involving your lifestyle or history that could call into question your ability to work safely with children/youth in a Christian environment? Yes No
(e.g. pornography, use of illegal substances, etc.)

2. Have you ever been convicted or found guilty of a criminal offence for which a pardon has not been granted? (Note: this doesn't include minor traffic violations) If yes, please list offence(s) and date(s) of conviction: _____

3. Have you ever had your employment terminated by any organization or employer for assault or violence against any person, or for assault, violence or impropriety with children, youth or vulnerable persons? (e.g. senior citizens or persons with disabilities) Yes No

4. Have you been investigated by the Child Family Services or another organization for suspected child abuse? Yes No

5. Have you ever been a defendant or respondent in a civil lawsuit rights complaint or other legal proceedings in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behaviour or conduct involving children, youth or vulnerable persons? Yes No

6. Do you have any health concerns which would impact your ability to perform the functions of the volunteer position for which you are applying? (Such health concerns may not prevent you from holding the position for which you have applied) Yes No

References

Please provide the names of three individuals, excluding relatives, who could provide a reference for you. Include at least one reference from outside the church.

1. Name of Reference _____ Day Phone _____

How long have you known this person: _____ Evening Phone _____

Address _____

Nature of Relationship _____

2. Name of Reference _____ Day Phone _____

How long have you known this person: _____ Evening Phone _____

Address _____

Nature of Relationship _____

3. Name of Reference _____ Day Phone _____

How long have you known this person: _____ Evening Phone _____

Address _____

Nature of Relationship _____

I commit to not knowingly teach against the MB Confession of Faith

Print Name _____ Signature _____

I hereby declare that all the information is true and complete to my knowledge

Signature _____ Date _____

**MINISTRY PERSONNEL APPLICATION FORM
FOR YOUTH WORKING WITH CHILDREN**

Appendix 13

In our desire to reduce the risk of abuse within our church ministries, we believe this information is necessary to protect our children and our volunteers and to effectively place our volunteers in ministry positions. Thank you in advance for your partnership.

Personal Information

Full Name _____ Grade _____

Address _____

Postal Code _____ Email _____

Phone Number (H) _____ (C) _____

Name of Parents _____ Phone Number _____

Are your parents supportive of your ministry involvement? Yes No

If no, please explain

Hobbies, Interests or Skills

Volunteer Experience and Part-time Jobs

Spiritual History

How long have you attended _____ Church Name _____?

Do you regularly attend (2 or more times a month)? Yes No

When did you accept Christ as your Saviour? _____

In a brief paragraph, please describe what your faith means to you.

Ministry Questionnaire

Describe why you would like to be part of our Children's Ministry Team.

What strengths or assets would you bring to our Children's Ministry Program?

What areas of concern do you have in working with children?

Do you see yourself as a team player? Please explain. Yes No

Please list the area of ministry in which you would like to serve.

References

List three adults that you've known for at least one year and who have a definite knowledge of your character and ability to work with children. You may include one reference from a relative, but must also include references from your youth pastor, employer or teacher.

1. Name of Reference _____ Day Phone _____

How long have you known this person: _____ Evening Phone _____

Address _____

Nature of Relationship _____

2. Name of Reference _____ Day Phone _____

How long have you known this person: _____ Evening Phone _____

Address _____

Nature of Relationship _____

3. Name of Reference _____ Day Phone _____

How long have you known this person: _____ Evening Phone _____

Address _____

Nature of Relationship _____

Signature of Applicant _____

Printed Name _____ Date _____

Signature of Parent/Guardian _____

Printed Name _____ Date _____

Information received is confidential and is being gathered for the purposes of screening ministry personnel and placing them into ministry with children. The information gathered here will be used for the purposes of supporting the ministries at (CHURCH NAME).

Have you completed the Ministry Personnel Application Form? Yes No

Has anyone explained the ministries that we provide as a church and which might provide you with an opportunity for volunteer service? Yes No

What prompted you to be interested in the ministry that you identified on your Ministry Personnel Application Form? (Indicate the ministry that interests them)

Would you be willing to attend the training session associated with that ministry? Yes No

Have the potential ministry personnel review their spiritual journey and compare responses with those indicated on the Spiritual History of the Ministry Personnel Application Form.

Note any significant omissions or questions that arise.

Review the items listed under Confidential Information on the Ministry Personnel Application Form and note any significant omissions or questions that arise.

On what date would you be available? _____

What is the minimum length of your commitment? _____

Signature of Interviewer _____

Printed Name _____ Date _____

- Give the event details including date of event, departure and arrival time, location, supervising adults, and ministry leader approval to parents well in advance of the date and request consent from them.
- Have an 'Emergency Contact Card' for each student and bring them with you.
- Leave a list of students on the trip at church office.
- Leave a contact number for the person in charge of the event at the church office.
- Leave contact number for destination at church office.
- Communicate the nature of the trip to parents and ensure that consent has been given for each student.
- If drivers are used, make sure that the proper consent forms have been filled out.
- If location changes unexpectedly, ensure that this is communicated clearly to the parents/guardians.
- Leave a map to the off-site location at the church office.

In reference to Safe Place Policy section 2.03: Contacting Opportunities.

Private meetings and one-on-one mentoring can be beneficial and at times even a necessary aspect of ministry. However, when one of the two people in the conversation is a vulnerable person (those under the age of 18 or dependent adults as defined by our policy), it is important to hold such meetings in a manner that protects both parties. It is helpful to keep in mind the **General Guidelines and Principles for Reducing the Risk of Abuse** when planning private meetings:

1. When risk increases, supervision should also increase.
2. Risk increases as isolation increases.
3. Risk increases as accountability and adherence to policies decreases.
4. Risk increases when there is an imbalance of power or influence.
5. Key to demonstrating due diligence is through retaining documentation.

An important note of point 4 is that every person in leadership, whether employed by the church or not, should have a fellow Ministry Lead assigned to them for the purpose of accountability. For example, if a Youth Pastor (who is the Ministry Lead of youth programs) has a one-on-one meeting, they should be sharing the details (who, when, where, predicted length of meeting) with another Ministry Lead in the church, such as a Family Pastor.

Not only does this create a system of accountability for the safety of vulnerable persons, it also allows for Ministry Leads to pray for and support one another's ministry efforts. Scripture makes it clear that we are all made for community, including those in leadership.

"You use steel to sharpen steel, and one friend sharpens another" Proverbs 27:17 (MSG)

Section 2.03 in the Safe Place Policy sets the parameters for one-on-one meetings:

1. Ministry Personnel must not be isolated with Youth. Strategies to avoid isolation include meeting at church within sight of others, either with windows, leaving a door open, or in an open area. Another adult should always be in the building and be aware of the meeting.
2. Mentoring and similar such activity must be pre-approved by the Ministry Lead. If the Ministry Lead is engaging in such activity, it must be pre-approved by the fellow Ministry Lead assigned to them for accountability.
3. Mentoring and similar such activity sanctioned by the church must be done under all of the following conditions: "Sanctioned by the church" is an important distinction. For instance, if you are a Ministry Personnel and your nephew is a student in the youth program, you may wish to take them to a movie for their birthday. This would not be categorized as something sanctioned by the church, as it would not be part of a ministry offered or encouraged by the church. However, if a Ministry Personnel wishes to have a group of girls from the church over for a movie night and they have a daughter in that group, if the event is announced in any way at a church program or event, it would be considered a church sanctioned event.
 - a) Ministry Personnel and Youth (a mentoring pair) are to meet: Only screened and trusted adults (Ministry Personnel) may engage in mentoring and other such activity with vulnerable persons.

- at church within sight of other adults; or Any adults that are present for the purpose of accountability do not necessarily need to be screened, but it is encouraged. The other adult should be unrelated to the Ministry Personnel (in other words, not their spouse, common-law partner, or former spouse).
 - with another adult or mentoring pair in public within sight of one another; or An example of this could be a Ministry Personnel and youth meeting at a coffee shop, and the youth's adult sibling doing homework nearby and aware of the meeting. Another example could be that a group of retirees in the church agree to also be present in the coffee shop for such meetings as a way of engaging in multigenerational ministry.
 - in a well-frequented public space between 8am-10pm. All efforts should be made to hold one-on-one meetings in sight of other known adults. "Well-frequented" should be interpreted to mean a public space where there will be more people present. However, it is also recommended to hold meetings in the same coffee shop as much as possible. This allows for the youth to become more comfortable in the place where you meet, as well as for the staff working to get to know both of you to some degree.
- b) Ministry Lead and Parent are informed of the time and place prior to the meeting. At least one parent/guardian of the youth must be informed *each* time. The Ministry Lead of the program or assigned fellow Ministry Lead must be informed of the details (who, when, where, predicted length of meeting) prior as well.
- c) Parental permission is granted with written documentation (kept permanently). A formal permission statement must be obtained prior to any meetings, and when informing parents prior to meeting they should confirm in writing (example: an email) that they have received those details and are okay with the arrangements. All documents containing permission must be kept permanently.
- d) The One-on-One Meeting Details form is completed and submitted to Ministry Lead for each meeting. See the One-on-One Meeting Details Form appendix. This should be completed and submitted to program's Ministry Lead or the assigned fellow Ministry Lead promptly after the meeting (ideally, the same day or the next). The completed forms may be emailed.
- e) Transportation avoids isolation. The Ministry Personnel and youth should not drive alone together. If meeting at the same time as another Mentoring Pair, the two Ministry Personnel may transport the two youth. If meeting with another adult present, the two adults may transport the youth if both adults have been screened. If such transportation occurs, parents must consent ahead of time.

ONE-ON-ONE MEETING DETAILS FORMS

In reference to Safe Place Policy section 2.03: Contacting Opportunities 3. D.

(NAME OF CHURCH) One-on-One Meeting Details Form

Date: _____

Name of Ministry Personnel: _____

Name of Ministry Lead: _____

Name of Youth: _____

Name of Parent(s) informed of meeting: _____

Location of meeting: _____

Time meeting began: _____ Time meeting ended: _____

Last point of contact prior to meeting (last person you spoke to/saw): _____

Activities 15 minutes prior to meeting: _____

First point of contact after meeting (next person you spoke to/saw): _____

Activities 15 minutes after meeting: _____

General nature and topics discussed during meeting: _____

PROGRAM REGISTRATION FORM

Appendix 18

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of the church. Any medical information collected here serves to authorize the church and its Ministry Personnel to obtain medical assistance in emergencies. This form should be completed annually by the Parent.

Student's Name _____ Date of Birth _____

Address _____

Parents' Names _____

Phone Number _____ Parents' Cell Number _____

Parents' Email _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? Yes No

If yes, please explain:

Is your Child bringing any medication with him/her? Yes No

If yes, please list.

I/we, the Parents or guardians named below, authorize one of the church's Youth Program Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, the church, and its leaders, from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the church, as well as of any medical treatment authorized by the supervising individuals representing organization. This consent and authorization is effective only when participating in or traveling to events sponsored by the church.

Communication:

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Program Personnel to communicate with your Child via telephone, email, social media, and text within the parameters of the Safe Place Policy:

- Telephone (home / work / cell)
- Email

- Social Media Networks
- Text messages

Photos:

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- Printed material
- Online
- Video

Purposes and Extent:

The church is collecting and retaining this personal information for the purpose of enrolling your Child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your Child, and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish the church to limit the information collected, or to view your Child's information, please contact the church office.

Parent / Guardian Options:

I have read, understood and agree with above and sign it to cover all Youth Program activities for the program year effective as stated below. A separate Informed Letter of Consent will be sent home for activities of elevated risk.

Parents'/Guardian Signature _____

Printed Name _____ Date _____

This permission form is effective: _____ (DATE) _____ to _____

Name of Volunteer _____

REFERENCE #1

Name of Reference or Church Contacted _____

Date of Contact _____

Person Contacting the Reference or Church _____

Method of Contact telephone email personal conversation

Summary of Contact

REFERENCE #2

Name of Reference or Church Contacted _____

Date of Contact _____

Person Contacting the Reference or Church _____

Method of Contact telephone email personal conversation

Summary of Contact

REFERENCE #3

Name of Reference or Church Contacted _____

Date of Contact _____

Person Contacting the Reference or Church _____

Method of Contact telephone email personal conversation

Summary of Contact

4. What are the applicant's greatest strengths?

5. Would you entrust the care of your child or youth to the applicant without any concern, reservation or hesitation?

6. Do you have concerns regarding this person working with children or youth? If so, please explain.

Signature _____

Printed Name _____ Date _____

“Hello, this is _____, from (CHURCH NAME).

_____ has applied to be a volunteer in our children/youth ministries and has indicated on their application that you might be willing to act as a personal reference. We have a policy in our church called Safe Place designed to protect our children and youth as well as our volunteers. We do a reference check on all our volunteers working in our ministries.

May I ask you a few questions?

How long you have known _____? In what capacity? _____

- 1) What are _____’s strengths? Weaknesses?
- 2) How would you describe the type of person _____ is and how s/he relates to others, especially children or youth?
- 3) Would you describe _____ as someone who follows through with commitments he or she makes?
- 4) How does _____ respond to supervision?
- 5) Is there any conduct you have observed that you would call into question?

- 6) Do you have any concerns with _____ working with children or youth in any of our ministries?

Thank you for your time. We really appreciate it.”

Record all information on the Confidential **Record of Reference Checks Form** immediately following the call, keep notes in a confidential and secure location and return them promptly to _____.

RELEASE OF INFORMATION AND DECLARATION OF INTENT **Appendix 22**
(to be given with all Ministry Application Forms)

I hereby give the church consent to verify the information provided by me in this Ministry Personnel Application Form and to contact the references and current and former employers listed above and to obtain and verify any information from them (and any other persons that the Church determines might be able to provide relevant information) that may be relevant to my application.

I grant my permission for the church to perform a police records check on me, and I will sign and return the attached "Release of Information and Declaration of Intent" for such purpose.

I further grant the church permission to perform an internet search on me and to review and consider any information found by me on the Internet.

I understand that if the church approves my volunteer application and later determines, in its discretion, at any time that I am not suitable for volunteer service in the church or for the volunteer position for which I am applying, the church may terminate my volunteer service or volunteer position for any reason without advance notice.

If the church approves my application for a volunteer position, I will sign any documents that the church requires and will at all times cooperate fully with the staff of the church in the fulfillment of my duties and will keep all confidential information I encounter in my role as a volunteer, confidential.

If at any time I determine that for any reason I am unable to support or adhere to or follow the policies, procedures or doctrine of the church, I will inform the church and will resign my volunteer position.

I hereby acknowledge that, to the best of my knowledge, the information contained in this Ministry Personnel Application Form is true and correct.

Signature of Applicant _____

Printed Name _____ Date _____

Signature of Witness _____

Printed Name _____ Date _____

Information received is confidential and is being gathered for the purposes of considering your application for volunteer ministry with the Church and for determining what, if any Church ministries, you may be suited for in future.

Any records pertaining to Vulnerable Persons are required to be kept permanently. This is because there is no statute of limitations on the abuse of minors. Therefore, at any point any victim of abuse, or their relative, may choose to pursue legal justice.

In order to be able to correctly handle such instances, churches must be able to show documentation proving adherence to due diligence. This means that churches must be able to prove that they followed a protection and abuse prevention policy, doing all that the church was able to do.

The records retained should be kept secure with limited access granted. Ideally, keep records in multiple formats in multiple locations.

Example: records needing to be retained are printed off as they come in, and are backed up electronically onto an external hard-drive every 6 months.

When a local church ceases to exist, these records shall go to the archives of the Canadian Conference.

Records that must be kept:

- Registration forms
- Any document granting permission/consent/release
- Attendance records
- Incident reports
- Medical forms
- Transportation/driver forms (when pertaining to Vulnerable Persons)
- Screened Ministry Personnel files (those in a 'position of trust') including their police record checks
- Suspected Abuse forms

- The minimum six-month waiting period has been adhered to before placement of ministry personnel
- The screening process has been used to determine suitability of prospective ministry personnel for ministry positions
- Workers in process of completing the recruitment and screening process have not been placed in positions of trust
- Prospective ministry personnel have completed screening process
- Up-to-date records have been prepared on individuals regarding their recruitment and screening status
- Ministry personnel files are kept permanently
- Individual(s) has been designated to conduct phone reference checks
- Notes have been taken on all references, and are dated and signed
- Face-to-face interviews have been conducted with all prospective ministry personnel
- Notes have been taken during all interviews, and are dated and signed
- Criminal Record check renewals every three years on all ministry personnel 18 years of age and older
- Training personnel have been designated and equipped
- Both orientation training and refresher courses have been made available on an annual basis
- Ensure that classroom windows provide clear lines of visibility or that classroom doors remain open
- An annual strategy has been determined for program maintenance
- Hall monitor has been screened and approved as ministry personnel and scheduled as necessary
- Adequate staffing ratios have been maintained for all programming
- Attendance of occasional observers has been recorded and filed

- Ministry Personnel have been provided with identifiers
- Registration forms have been given to all participants, updated annually and kept on file permanently
- Release and permission statements have been included on all registration forms
- A PIPEDA policy and purpose and extent statement has been established by church leadership and included on all registration forms
- Sign-in and sign-out forms have been developed and their usage monitored weekly for babies to kindergarten children
- Attendance records have been taken at weekend and week-day children's programming
- Parents have been informed and encouraged to deal with their baby's toileting needs and to take their children to the washroom prior to each class or service
- Electrical outlets have been covered with outlet plug covers
- Ensure that windows in classrooms provide clear lines of visibility
- Severe allergies have been posted
- First aid kits with required items have been made available in each classroom and vehicle
- Plans have been made for annual emergency evacuation drills
- Incident Report Forms have been made accessible to all ministry personnel
- Consent forms and medical release forms have been obtained for every child or youth participating in off-site or overnight trips
- Copies of valid driver's licences and insurance coverage have been provided by all drivers
- It has been confirmed that all drivers have a minimum driving history of 5 years
- Plans have been made to keep all event forms permanently
- The congregation and ministry personnel have been educated and informed on appropriate and inappropriate touch
- Information on appropriate and inappropriate touch have been posted in children's and youth departments

- Allergy information is collected on the Registration Form
- Individuals responsible for the care of children with severe allergies have been notified and educated on the allergy and its treatment
- Internet filters have been installed
- Approval for communication with children outside of programs have been obtained and parameters for these interactions have been discussed with parents
- Lifestyle requirements and spiritual expectations have been clearly communicated to ministry personnel
- Contacting opportunities with youth have been conducted primarily in small group settings
- Leaders have been trained to conduct one-on-one and small meetings with youth in areas with open doors and/or in rooms with unobstructed windows
- A 'no dating' policy has been strictly enforced among ministry personnel and students
- Safety precautions have been posted and are highly visible for youth and ministry personnel
- Written communication has been distributed a minimum of one week prior to off-site events with location, phone number and attending ministry personnel
- Consent forms have been distributed when activities include elevated risk
- Staffing requirements have been met for off-site trips
- Media spokesperson has been designated by church leadership

SUSPECTED ABUSE REPORT FORM

Date _____ Name of Student _____

Age of Student _____ Grade _____ Birthdate _____

Address _____

Postal Code _____ Phone Number _____

Parents' Names _____

Siblings' Names _____

Name of Person Filing Report _____

Name of Pastor Receiving Report _____

Name of Social Worker _____ Phone Number _____

Name of suspected perpetrator _____ M F

Relationship between suspected victim and suspected perpetrator _____

Nature of suspected abuse physical sexual emotional neglect

Indications of suspected abuse (including facts, physical signs and course of events)

Action taken (including date and time)

If a child is reporting:

What did the child say? (Give quotes where possible)

What was your response?

Signature _____

Printed Name _____ Date _____

Pastor's Signature _____

Printed Name _____ Date _____

The above information will serve as a guide and will be necessary if a formal report is filed with the police or appropriate government agency. All information received is to be kept STRICTLY CONFIDENTIAL and not shared with anyone or influenced by anyone.

This document should be sealed and labelled and stored under lock and key.

If the child is in immediate danger, call police first!

When talking to the child, be sensitive to his or her needs and follow the guidelines below. Your primary role is to support the child, gather basic information and report it to a child welfare worker as quickly as possible.

When a Child Discloses Abuse or Neglect:

Stay calm and listen. An abused or neglected child needs to know that you are calm and available to help. If you react with shock, outrage or fear, you might inhibit the child and make him or her feel more anxious or ashamed. A calm response supports the child to tell you what has happened. It also provides some reassurance that what the child is experiencing can be talked about and worked through together.

Go slowly. It is normal to feel inadequate or unsure about what to do or say when a child tells you about abuse or neglect. Do not let this discomfort rush you into asking questions. Remember to proceed slowly. Gentle questions, such as “Can you tell me more about what happened?” are helpful.

Be supportive. Reassure the child that he or she has not done anything wrong. Children need support and reassurance when discussing abuse or neglect. It is helpful to let children know that:

- they are not in trouble with you, the child welfare worker or the police (if they are involved)
- they are safe with you
- you are glad that they have chosen to tell you about this
- they have done the right thing in telling you about this
- you are sorry that they have been hurt or that this has happened to them
- you will do everything you can to make sure they get the help they need
- you know others who can be trusted to help solve this problem.

Get only the essential facts. Once you have enough information and reason to believe that abuse or neglect has occurred, stop gathering facts and be supportive. The child may be interviewed in depth by a child welfare worker and, if there is a criminal investigation, by the police; to avoid the stress of multiple interviews, limit your discussion to finding out generally what took place. If you need more information, be sure to ask how, when, who and what questions. Avoid using why questions. They can suggest indirectly that the child may have done something wrong and increase the child’s reluctance to discuss the matter.

Make notes. As soon as possible after the child’s disclosure, write down as much as you can of what the child told you. This will help ensure accuracy when reporting to the appropriate authority. (Direct disclosures may be admissible in court, so accuracy is important.)

When there are Indicators of Child Abuse or Neglect:

Children do not always tell us about their abuse or neglect, and sometimes the indicators are not obvious. When you see indicators and are talking to children about possible abuse or neglect, the following points may be helpful.

Choose your approach carefully. The child may be fearful or reluctant to talk about what happened.

Be relaxed and casual. If you appear anxious or exhibit strong feelings, the child may withdraw.

Keep it private. Make sure you have enough time and a private setting with little chance for interruptions. The child is more likely to confide in you in a place where he or she feels safe.

Be neutral. Express your concerns to the child in a neutral and objective manner and seek or ask for their explanation for the indicators you have observed.

Be a good listener. Pay attention and express your confidence in the child. This shows your genuine concern for his or her safety and well-being.

Questioning techniques:

Ask general, open-ended questions

- Do ask – “Do you want to tell me more about that?”
- Do not ask – “Why did this happen?”

State observations

- Observe – “I see you have welts on your legs.”
- Do not ask – “Have you been beaten?”

Validate feelings

- Validate – “I see that you are upset.”
- Don’t analyze – “You must hate your father for doing that!”

Express concern

- Say – “I need to know that you are safe; let’s try to get you some help.”
- Don’t make promises – “Everything will be alright if you report this.”

There are 4 types of training events:

- A. Administrative training for Designated Screening Personnel and Ministry Leads overseeing programs for vulnerable persons (VP), as well as any Safe Place point-persons within your church
- B. Orientation training for all new volunteers serving in programs for vulnerable persons
- C. Refresher training (annual) for all returning volunteers in programs for vulnerable persons
- D. Basic awareness training for all volunteers in the church

A. ADMINISTRATIVE TRAINING FOR VP MINISTRY LEADS

This training should happen annually for all those who oversee programming that is directed toward any vulnerable person group. This includes programs such as Youth Groups, Children's Ministry, Senior's Ministry, and Refugee Support. It's important for those who oversee these ministry areas to be fully aware of how best to protect those whom they serve. One can expect this training to take from 6 hours to a couple of days if one wishes to make it a retreat. This training may happen within the church or be an external MBCM event (Plan to Protect® is an additional recommended resource), but should adhere to the following points:

- Taught by someone thoroughly knowledgeable on the topic who regularly updates their own training to remain up to date on legislation
- Highlight current Canadian laws and insurance requirements
- Outline health and safety procedures
- Outline emergency procedures
- Outline abuse prevention, including indicators of abuse
- Outline reporting and response procedures
- Audit of current policy implementation and adherence
- Planning for the next ministry year
- Recruiting and screening volunteers
- Record retention and file maintenance
- How to lead both Orientation and Refresher Training in their church

B. ORIENTATION TRAINING FOR NEW VP VOLUNTEERS

All volunteers new to serving vulnerable persons in your church are to attend Orientation Training prior to being placed in a position of trust as part of the Screening Process described in the Safe Place policy. This training fully prepares them for ministry with those who are most vulnerable, including how best to protect and care for those they serve as well as themselves as volunteers. It is important for such volunteers to be aware of the importance of document retention and avoidance of isolation, the possible repercussions of failing to do so, and how to recognize and respond to situations involving abuse. One should plan for this material to take about 3-4 hours to cover. This training should utilize the Safe Place policy, with special attention on:

- Why the abuse prevention and protection measures are taken

- Definitions
- Indicators of abuse and how to recognize patterns
- Programming best practices including registration forms, attendance records, maintaining sight lines, location of first aid kits, contact forms, and communication
- High risk activities best practices including consent forms, transportation, and overnights
- Reporting and responding to abuse with basic overview of Canadian legislation
- Incident forms and record retention
- A time for questions to be asked to ensure volunteers understand the policy and procedures

C. REFRESHER TRAINING FOR ALL VP VOLUNTEERS

Once volunteers have gone through orientation training prior to serving Vulnerable Persons, an annual refresher training of the policy and best practice procedures is required. This is to update volunteers on any changes and to keep best practices fresh in their minds. Their attendance of these events should be recorded in their files. These sessions need only take about an hour and should cover the same details as orientation training but without going in depth. Refresher training is also a great opportunity to take the Safe Place policy and apply it directly to the context of specific programming, as all those participating in this training have already been serving with VPs.

D. AWARENESS TRAINING FOR ALL VOLUNTEERS

The least formal of all the training sessions, general awareness training may be done by a Ministry Lead for everyone all at once. This training is simply to ensure that all volunteers are aware of the basic principles of prevention, protection, and emergency procedures. An important strategy to be especially aware of in this is that the Safe Place policy should not be distributed to the general public, even in such situations, because it allows a potential perpetrator in the general public to create a strategy. Therefore, this training should include:

- An overview of emergency procedures in the church (ex: location of emergency exits, fire extinguishers, landline phones, and first aid kits)
- Teach *general* abuse prevention guidelines (ex: teach importance of avoiding isolation, not abuse identifiers)
- Explain VP volunteer designations (who is a screened “person of trust,” why, and how they are identified)
- A general explanation of the screening process (this is a great opportunity to recruit volunteers or teach on the calling some feel to serve VPs)
- Awareness of facility usage: which doors should be locked at all times, who is using the building and when, which lights should always be on, and which sight lines should always be maintained

Student Name(s): _____

Transporting from and to locations:

Date(s) of Transportation: _____

Dear Parent:

(CHURCH NAME) has arranged transportation to and from church activities on your behalf for your child(ren).

Details of the Activity: *(include location/time/ mode of transportation/driver/ratios of student to staff)*

While every precaution is taken for the safety and good health, some activities including transportation carry with them the inherent risk of personal injury. Your permission is required to provide this transportation. Please carefully read the following information and consent form. If you are in agreement, please sign this and return it to the church.

PERMISSION

I give permission for my child/charge ("child") to be transported in a motor vehicle driven by the individual identified to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in (CHURCH NAME) activities.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and accompanied by a second adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Student's Name _____ Date of Birth _____

Address _____

Phone Number _____ Parents' Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

In case of an emergency, contact _____

I hereby consent to the participation of my/our child(ren) in this supervised activity.

I/we, the parents or guardians named below, authorize (CHURCH NAME) personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold blameless (CHURCH NAME), its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the (CHURCH NAME), as well as of any medical treatment authorized by the supervising individuals representing (CHURCH NAME). This consent and authorization is effective only when participating in or traveling to events of the (CHURCH NAME).

I have read, understood and agree with above.

Activity: _____

Parent / Guardian Signature _____

Printed Name _____ Date _____

VOLUNTEER DRIVER AGREEMENT

“Trip Driver” is defined as any person authorized by the leadership of (CHURCH NAME) who has agreed to be a driver for a certain trip while they are driving their own or another licensed automobile.

This will authorize _____

- 1. To transport children and/or youth participating in the regular events of (CHURCH NAME)

OR

- 2. To transport children and/or youth participating in the following activity:

Vehicle information: Make: _____ Year: _____ License #: _____

All “trip drivers” including volunteer drivers are advised that in order to ensure the automobile liability insurance coverage are not invalidated that the following are enforced:

- a. Use a licensed automobile which carries valid third-party liability insurance as required under legislation in our province.
- b. Provide the Board with prompt written notice, with all available particulars, of any accident arising out of the use of a licensed automobile during a trip on business of the Board.
- c. Be aware that the Board’s Excess Liability Insurance comes into effect only after the “trip driver’s” insurance has been exhausted.

I. Declaration to be signed by Driver:

- I declare that I am licensed in Manitoba and my vehicle is insured by valid automobile insurance as required by provincial law.
- That the vehicle is mechanically fit and that there are seatbelts in working condition for all passengers. The vehicle has car seats for all passengers under 40 lbs., and booster seats for children between 40 lbs. and 59 lbs. Seat belts are required for anyone over 8 years and more than 60 lbs.
- I will follow the manufacturer’s vehicle guidelines regarding air bags and acknowledge that children should not be seated in the front seat of any vehicle, especially under the age of 10.

Signature _____ Date _____

Insurance Company Manitoba Public Insurance Policy # _____

In reference to 2.01 of the Safe Place Policy

Prospective Ministry Personnel are to submit to the recruitment and screening process managed by the Ministry Lead. All Ministry Personnel serving VP (Vulnerable Persons) must complete the screening process prior to being placed in a Position of Trust.

Ministry Personnel who serve Vulnerable Persons must have a personnel file kept with church records. These files must be kept permanently, preferable in multiple formats and locations, and include all the documentation from this process.

The Safe Place Policy screening steps are structured on the best practices of Plan to Protect and the Government of Canada's Best Practices for Screening Volunteers.

Process:

- A. Being a member or adherent of the church in good standing for at least 6 months
- B. Ministry Personnel Application Form
- C. A signed statement of commitment to not teach against the MB Confession of Faith
- D. Reference checks
- E. Interview
- F. Criminal Record Check Clearance
- G. Training
- H. Final approval from a Lead Church Staff member

A. Member/Adherent for at least 6 months

Although it may be tempting to accept the friendliness of a new face in church wanting to help immediately, it is important to know those who are trusted with those most vulnerable in our family communities.

If a newcomer to the church is eager to serve, explain that you'd first like to get to know them better and familiarize them with the culture of your particular church, as well as the intention behind the 6-month waiting period. Once the 6 months are up, they may apply to volunteer with the Ministry Personnel Application Form.

The one exception to the 6-month waiting period is if the individual used to attend another MB church. In such circumstances, a reference from a Ministry Lead or Lead Church Staff reduces the waiting period down to 3 months.

B. Ministry Personnel Application Form

See Appendix 8: Ministry Application Form for applicants 18 years of age or older.

See Appendix 9: Ministry Application Form – Youth for applicants under 18 years of age.

C. Signed Statement to not teach against the MB Confession of Faith

Part of Appendix 8: Ministry Personnel Application Form.

D. Reference Checks

Two references are requested on the Ministry Application Form including one from their previous pastor when applicable. Contact of both references should be made in person or over the phone to best avoid fraudulent references. However, if the reference listed is a known member/adherent of your church, emailing is permissible.

If the applicant is new to your church community, make all effort to contact someone from their previous community.

In doing reference checks, using Appendix 15: Reference Form is suggested to maintain consistent questioning and gathering of information. Furthermore, there is also Appendix 16: Reference Questions form which may be helpful in reference checks over the phone.

E. Interview

These must be done in person with the applicant. Keep in mind if the applicant is a Vulnerable Person themselves (example: a youth) to communicate the details of the interview time and place and to maintain sight lines.

Using Appendix 11: MP Interview Form is suggested to maintain consistent questioning of each applicant, as well as consistent documentation for all Ministry Personnel.

F. Criminal Record Check Clearance

Criminal Record (CR) Checks are done at the local police station. They include a Police Information Check and a Police Vulnerable Sector Check. These are at times also simply called Police Record checks. The cost of these checks vary from station to station.

Your church may decide to create an account with BackCheck, an organization that does checks for your church, which may be more affordable than local police stations. A reduced rate is available upon mentioning that you are covered by Lakeview Insurance through MBCM. Please refer to their newsletter below this appendix.

CR Checks should be renewed every 5 years.

CR Checks are only required for applicants 18 years of age or older (police are unable to release information of a minor).

If Ministry Personnel wish to submit a copy of their CR Check or wish to pay for and keep their own copy, they must bring in the original to the church office. The photocopy must be made by a Church Staff who signs and dates the copy as verification of having seen the original.

An Abuse Registry Check through the Manitoba Government's website is also strongly recommended. This check reveals any past accusations of child abuse that did not lead to convictions. This check is purely for awareness. It comes in the mail and should be opened by the

church. However, if an Abuse Registry Check shows multiple accusations, it is strongly suggested that Lead Church Staff be notified. Lead Church Staff will then determine how best to proceed, and may desire to seek advice from the provincial conference who would contact contracted consulting agencies.

If a CR check is returned "NOT CLEAR" the prospective candidate will be asked to do one of the following:

- a) Either submit to disclosure and verification of the crimes committed that s/he has been convicted of along with a CR Check verified with fingerprinting; or
- b) Withdraw their application from serving in a position of leadership or a Position of Trust with Vulnerable Persons.

Individuals who have been accused multiple times, convicted, or are under the suspicion of crimes against Vulnerable Persons, or who have been convicted of violent crimes or other relevant crimes, **will not** have any involvement in ministries or programs that serve Vulnerable Persons directly. Where such instances cannot be avoided, the individuals should be paired up and serve with another screened adult, whose role is to provide support, accountability, and supervision.

G. Training

See Appendix 22: Training Volunteers

H. Final Approval from Lead Church Staff Member

At the completion of every other step in the screening process, each applicant's file should be reviewed by a Lead Church Staff member. The person giving final approval should not be someone who took part in the screening process (ex: interviewing, reference checks, etc.) but should be someone who is seeing the application for the first time. This step creates accountability and ensures that each Ministry Personnel in a position of trust is endorsed by church leadership.

Abuse Prevention

Made Easy (er) for Churches and Christian Organizations

CRIMINAL RECORD CHECK OPTIONS



We get it – your organization serves Vulnerable People – it’s what you do!

In a perfect world, we could trust everyone! But as we are painfully aware, it’s not. We must seek to protect the most vulnerable in our society, communities, congregations, programs and ministries.

Serving others is a big part of what your organization does and we’re thankful that you do! We know that police checks including Vulnerable Sector Verification (VSV) have been an ongoing challenge for Christian charities who provide programs and services for vulnerable persons including – children, youth and vulnerable adults.

As the insurance provider to over 7,000 churches and Christian charities across Canada, we’ve worked hard to make navigating abuse prevention and criminal record checks easy(er), including the **CRIMINAL RECORD CHECK OPTIONS** (see below), and **CRIMINAL RECORD CHECKS 101** and **WHO NEEDS A VSV AND WHY?** (see next page). You’ll find lots of practical explanations and tips to reduce the amount of time and effort spent by your organization in understanding and clarifying the process to effectively screen your workers.

As a solution to this ongoing challenge, we have arranged an alternative, convenient and secure screening service with a third party service provider – SterlingBackCheck – through their Enhanced Police Information Check (EPIC).

Just go to: www.Backcheck.net/RobertsonHall

INITIAL Checks available through EPIC for any adult applicant born January 1, 1986 or later

RE-CHECKS available through EPIC for any worker, if re-checked every five (5) years, or less

There are two components to the EPIC check:

1. A search of the convictions in the National Repository of Criminal Records
2. A search of locally-held police information across Canada, including pending charges and “persons of interest”

With SterlingBackCheck EPIC screening, you can set up your own convenient account and invite staff and volunteers to go on-line and have their checks done individually. You’ll be notified when they have finished the process.

Some of the benefits include:

- ✓ Convenient on-line process with no travel to police station
- ✓ Paperless, secure and forgery proof
- ✓ Comprehensive, consistent national process
- ✓ Permanent electronic storage of results
- ✓ Checks can be shared with multiple organizations
- ✓ No finger printing required

NOTE: Robertson Hall provides this convenient access and preferred pricing as a benefit for its client organizations. It is not privy to any results and receives no financial consideration from your ordering of criminal record checks.

CRIMINAL RECORD CHECK OPTIONS

| INITIAL SCREENING | RE-CHECKS |
|--|---|
| Under 18 Years Old CPIC (Police Services) | Under 18 Years Old CPIC (Police Services) |
| Adults born January 1, 1986 or later CPIC (Police Services) or EPIC (SterlingBackcheck) | Adults born January 1, 1986 or later CPIC (Police Services) or EPIC (SterlingBackcheck) |
| Adults born before January 1, 1986 VSV (Police Services) See “Who Needs A VSV?” | Adults born before January 1, 1986 (If initial VSV is on file) CPIC (Police Services) or EPIC (SterlingBackcheck) |

CRIMINAL RECORD CHECKS 101

INITIAL CRIMINAL RECORD CHECKS

- VSV - Vulnerable Sector Verification (also known as Vulnerable Sector Check or Screening) includes:
- ✓ Canadian Police Information Centre check (CPIC)
 - ✓ Check of national pardoned sex offender database
 - ✓ Search of local police information including pending charges

Note: Initial checks for any adult applicant born January 1, 1986, or later, may be done by means of a CPIC, or as a convenient alternative, by an Enhanced Police Information Check (EPIC) through SterlingBackCheck www.Backcheck.net/RobertsonHall

INITIAL

CRIMINAL RECORD RE-CHECKS

- ✓ Camping ministries and short-term missions organizations – Annually, or every **five (5) years** or less if an annual home church commendation is provided
- ✓ Schools, daycares and nurseries – Every three (3) years or less
- ✓ Churches and all other organizations – Every five (5) years or less

Note: Re-checks may be done by means of a CPIC or by means of an EPIC (Enhanced Police Information Check) through SterlingBackCheck www.Backcheck.net/RobertsonHall

RE-CHECK

Definition of Vulnerable Sector

The Criminal Records Act outlines the circumstances in which an applicant is eligible for a VSV in a paid or volunteer position when that "position is one of authority or trust relative to children or vulnerable persons" and/or when that position "could lead the organization's clients to have trust in that individual". "Children" are defined as persons under the age of 18 and "Vulnerable Persons" are defined as any person who because of their age, disability or other circumstances, whether temporary or permanent, is in a position of dependency on others; or is otherwise at a greater risk than the general population of being harmed by a person of trust or authority.

WHO NEEDS A VSV AND WHY?

Based on past abuse liability civil court decisions in Canada, it is clear that the legal duty of care owed by leaders (i.e. directors) of organizations entrusted with the care of minors and vulnerable adults, is to obtain the most comprehensive screening for employees or volunteers in positions of trust. Vulnerable Sector Verification (VSV) is different than a regular police check (CPIC) because it serves as a base-line check to ensure that new applicants are not among the over 15,000 pardoned sex offenders in Canada. Knowingly or unknowingly allowing such a person into a position of trust with vulnerable persons, if they re-offend, will render the organization's leaders grossly negligent and likely without any reasonable and prudent civil defense in a liability suit. A VSV may also serve to identify applicants with pending criminal charges and "persons of interest" who may be under investigation by police or children's protective services and unsuitable to work with vulnerable persons.

Not all new workers to your organization need a VSV!

THERE IS NO NEED TO DO ANOTHER VSV "IF"

- ✓ The volunteer or employee has been continuously working for your organization since an original VSV was done. Just a CPIC or EPIC re-check is required.
- ✓ If there has been a gap in the volunteer or employee serving with your organization, but a VSV was completed since January 1, 2012 (or within the past five (5) years). Just a CPIC or EPIC check is required when they begin working with your organization again.

- ✓ A new (or existing) worker can provide proof that either:
 - A VSV has been completed within the past 5 years (or since January 1, 2012), or
 - A VSV has been completed previously, with proof of continuous volunteer service.*

Then just a CPIC or EPIC is required when they commence working with your organization.

*Proof should be in the form of an original VSV clearance or a Vulnerable Sector Verification letter... link

Other resources available on our website...

- ✉ A sample *Church Commendation Letter* recommending volunteers to your parachurch or camp organization is also on our website www...
- ✉ A *Sample Request From Agency* letter to present to police services when a VSV is required www...
- ✉ Criminal Record Checks: Who Should We Screen? www...

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519-680-3111 • 1-800-640-0933
519-685-2931 (fax)
churchinsurance@robertsonhall.com
www.robertsonhall.com

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In reference to Safe Place Policy section 2.04

The Safe Place policy defines a Vulnerable Adult as an “individual 18 years of age or older who, due to age, disability, or other circumstance (temporary or permanent), is in a position of **considerable dependence** on others. This includes refugees.”

It is understandable if this definition causes some confusion as to who exactly is a “Vulnerable Adult.” This appendix aims to be a resource of clarification specifically as it pertains to the Safe Place policy. It is important to note that this definition and resource may not apply to all organizations and circumstances, as it is a recently made definition still being researched.

Typically, Vulnerable Adults are associated with elderly persons whose mental and physical capacities have begun to diminish due to deteriorating health. But, the Toronto Police Service (TPS) has been nationally recognized for including other adults into this sector of abuse by defining a Vulnerable Person as “any adult who by nature of a physical, emotional, or psychological condition is dependent on other persons for care and assistance in day-to-day living.” (<http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/elder-aines/def/p23.html>)

Another helpful definition is from *The Vulnerable Persons Living with a Mental Disability Act* (VPA) by the Manitoba government, which defines a Vulnerable person as “an adult living with a mental disability who is in need of assistance to meet his or her basic needs with regard to personal care or management of his or her property.” (<http://web2.gov.mb.ca/laws/statutes/ccsm/v090e.php>)

The key portion of the definition the TPS developed is that Vulnerable Adults are in a state of dependence on others in daily life. In other words, they require the assistance of others daily in order to live.

Even though all of us are dependent on the care of others in some way or another – we are part of the Body of Christ, after all – it is important to not classify any one type of person or condition as automatically being a vulnerable person. There may be times that we ourselves are more vulnerable than usual, and the policy’s definition does include “temporary or permanent”, but it is critical that discernment and clear communication are both practiced before identifying someone as a vulnerable adult. Furthermore, consider to what degree an adult is vulnerable, as there is a spectrum of need. This includes recognizing that the individual may only be temporarily vulnerable, such as a refugee who has no livelihood, cannot speak the language, and who’s physical and mental health may be suffering.

Some specific questions to ask in the discernment process are:

- Is the person over the age of majority? (in Manitoba, it’s 18)
- Does the individual have cognitive capacity to express will?
- If they were in an emergency or abusive situation, would they be capable of reporting it themselves?
- Does the person rely on a health care aid for day-to-day living?
- Does the individual have significant functional limitations which impair their ability to complete daily tasks?
- Are they completely unfamiliar with their surroundings and unable to communicate or read public signs (for example: a refugee)?