

LAKEWOOD UNITED METHODIST CHURCH
POLICY TO PROMOTE SAFETY FOR CHILDREN
YOUTH AND VULNERABLE PERSONS

Lakewood United Methodist Church ("Church") is committed to the physical safety and spiritual growth of its children, youth and other vulnerable persons. The Church requires all its staff and volunteers to read and to follow this policy. **This policy must be reviewed with all children, youth, and vulnerable adult ministry volunteers and staff, before beginning service at Lakewood UMC and every January thereafter.** All new church volunteer workers must submit pages 1-9 and will be asked to provide personal information, consent to a background check, follow Church policy, and be under the supervision of the Church's professional staff. Please carefully read and fill this form out, to the best of your ability. If you have any questions, please ask and; **if you prefer, you may discuss your answer to any question in this policy with the pastor rather than answering it on this form. Answering yes or leaving a question unanswered will not automatically disqualify you from working with children, youth or vulnerable persons.**

Recruiting:

All workers with children, youth and vulnerable persons require screening, including an interview.

All regular workers must complete a Personal Information Form.

Individuals may work with children, youth and vulnerable persons only after:

- Attending the Church for six (6) months,
- Completing any required training or orientation program, and
- Completing an acceptable Personal Information Form.

Anyone who has been permanently denied custody of a child or who has been convicted or pled guilty to child abuse or any similar matter; **within the previous 12 months of beginning volunteer service in the church** should not work with children, youth and vulnerable persons.

A check for arrest and conviction records may be made for anyone that will work with children, youth and vulnerable persons.

Supervision:

On Site:

Workers should avoid being alone with one child, youth or vulnerable adult. Every event should have at least two adults present.

Whenever possible, activities involving children, youth or vulnerable persons onsite will be held in rooms at the Church that are open or have a window in the door.

All infants and toddlers must wear a name tag for identification.

Infants and toddlers must be signed in for every event, including: name, authorized pick up person, where the responsible person will be during the event (worship area, kitchen, etc.) and the expected pick up time.

Off Site:

A minimum of two adults will supervise off-site events.

Permission slips must be signed for children and youth by a parent or guardian.

No one may be transported in a vehicle without wearing a seat belt. Only properly licensed adults may drive participants.

Adults are not to share sleeping facilities with children, youth and vulnerable persons, **except group sleeping facilities** with at least one adult present at all times, and never 1 adult and 1 youth or vulnerable person. Coed overnight trips require at least two leaders of each gender.

Reporting of Problems.

Inappropriate behavior, suspicious activity, observed abuse and allegations of such items are to be discretely reported to the pastor and event director immediately for review. This reporting is a moral obligation and personal responsibility that is essential for abuse prevention. Efforts will be made to protect any alleged victim and any alleged abuser. Anonymous allegations and rumors are difficult to document or act upon.

All allegations should be taken seriously and documented. The report must fully describe the event of concern, including the time, date, place, people involved and actions raising the concern. Persons who are the object of a report are to refrain from further activities with children, youth and vulnerable persons until otherwise instructed.

The Church and all workers must comply with applicable laws and the Discipline of the United Methodist Church. State law requires reporting of any suspected child abuse to state authorities.

Each person has a moral obligation for personal responsibility.

The advice of the Bishop's office, legal counsel and the Church's insurance carrier will be sought as needed.

When there is a reasonable cause to suspect abuse, a Response Team will be formed to take any required actions, as guided by the Bishop's office and legal counsel. The Response Team will include the chair of Staff-Parish Relations and at least one other Administrative Council member.

The Response Team will appoint one spokesperson. This will be the only person communicating to the congregation, the authorities and the press.

The Response Team will investigate and document allegations, cooperate with Church and civil authorities and communicate with parents involved.

The Response Team will not engage in denial, minimization, and pre-judgment or blame, but will take all allegations seriously.

The Response Team will safeguard privacy and confidentiality, but the spokesperson will present a clear position statement of the Church regarding abuse, these policies and appropriate public information.

Abuse includes sexual, physical and emotional abuse and neglect of basic needs. Sexual Abuse is any sexual contact or interaction (i.e., indecent exposure or liberties, communication for immoral purposes, fondling, rape, etc.) between an adult or significantly older youth and a child, youth, or vulnerable adult. Force, threats, bribery, dissemination of pornography, misrepresenting right and wrong are some of the ways this crime is perpetrated. Even if a child, youth, or vulnerable adult, out of ignorance, innocence, or fear does not resist, it is still abuse.

Physical Abuse is any physical force applied by an adult or older youth in a position of care or authority to a child, youth, or vulnerable adult. Physical force (hitting, spanking, shaking, shoving, etc.) is not to be used by leaders in our program.

Emotional Abuse is belittling, hateful, or angry words and/or actions directed toward a child, youth or vulnerable adult. Discipline by humiliation and hazing are also emotional abuse.

Neglect of Basic Needs such as denial of food, water, cleanliness, clothing and sleep are all abusive and inappropriate.

Care of Documents:

Information will be treated confidentially and normally will be available to the Pastor, and the Chair of Staff-Pastor Relations Committee. However, the entire Staff-Parish Relations Committee, all Response Team members, the Church's insurer and legal counsel shall have access to all information when inappropriate behavior, suspicious activity, observed abuse or allegations of such items are being investigated.

References may be contacted by appropriate leaders. References may be asked to share any reasons the person being considered should not work with children, youth and vulnerable persons.

Primary responsibility for screening and securing information rests with the Staff- Parish Relations Committee.

**LAKWOOD UNITED METHODIST CHURCH
POLICY STATEMENT ON MISCONDUCT OF A SEXUAL NATURE**

Lakewood United Methodist Church, Lake Odessa, affirms the 1996 Book of Resolutions "Sexual Abuse within the Ministerial Relationship and Sexual Harassment within the Church: which states that sexual abuse within the ministerial relationship and sexual harassment within the church as incompatible with biblical teachings of hospitality, justice and healing. In accordance with the 1996 Book of Discipline, paragraph 65.F, all human beings, both male and female, are created in the image of God, and thus have been made equal in Christ. As the promise of Galatians 3:26-29 states all are one in Christ, we support equity among all persons without regard to ethnicity, situation, or gender.

Sexual abuse within the ministerial relationship occurs when a person within a ministerial role of leadership (pastor, educator, counselor, youth leader or other position of leadership) engages in sexual contact with a congregant, client, employee, student, staff member, co-worker or volunteer.

Sexual harassment is any unwanted sexual advance or demand, either verbal or physical that is reasonably perceived by the recipient as demeaning, intimidating, or coercive. Sexual harassment includes, but is not limited to, the creation of a hostile or abusive work environment resulting from discrimination on the basis of gender. (the Book of Discipline, paragraph 65.I)

Sexual abuse within the ministerial relationship involves a betrayal of sacred trust, a violation of the ministerial role and exploitation of those who are vulnerable. Similarly, sexual harassment must be understood as an exploitation of a power relationship rather than as an exclusively sexual issue.

Misconduct of a sexual nature within the life of the Church interferes with its moral mission. Lakewood United Methodist Church stands in opposition to the sin of misconduct of a sexual nature in the Church and society at large and commits itself to fair and expedient investigation of any charge of sexual misconduct within the church and to take action deemed appropriate and in compliance with the Book of Discipline. Further, Lakewood United Methodist Church bears affirmative responsibility to create an environment of hospitality for all persons, male or female, which is free of misconduct of a sexual nature and encourages respect, equality and kinship in Christ.

Some instances of sexual harassment can be resolved easily and informally between the parties. In all other instances, misconduct of a sexual nature should be reported to the chairs of the Staff Parish Relations Committee and the Lay Personnel Committee and the pastor in charge. If the conduct involves a clergy person, it should be reported to the district superintendent or the presiding bishop.

Adopted by the Administrative Council of Lakewood United Methodist Church, Lake Odessa, MI. on

VOLUNTEER APPLICATION
Lakewood United Methodist Church
10265 E. Brown Rd. Lake Odessa, MI 48849

Name: _____ Address: _____

Daytime phone: _____ Evening phone: _____

Occupation: _____ Employer: _____

Current job responsibilities and schedule: _____

Previous work: _____

Previous volunteer experience: _____

Special interests, hobbies, and skills: _____

How many hours per week are you available to volunteer? _____

Days Evening _____ Weekends: _____

Can you make a one-year commitment to this volunteer role? yes no

Do you have your own transportation? _____

Do you have a valid driver's license? _____

Do you have liability insurance? _____ (List policy limits and name of carrier) _____

Why would you like to volunteer as a worker with children and/or youth?

What qualities do you have that would help you work with children and/or youth?

How were you parented as a child? _____

How do you discipline your own children? _____

Have you ever been charged, 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? No Yes

If yes, please explain fully: _____

Have you ever been exposed to an incident of child abuse or neglect? No Yes

If yes, how did you feel about the incident? _____

Would you be available for periodic volunteer training sessions? 0 Yes 0 No
UNITED METHODIST CHURCH PERSONAL INFORMATION FORM

This information form is to be completed by each person who wants to work with children, youth or vulnerable persons for the Church. This is not an employment application form. This form will be used to help the Church provide a safe and secure environment for those children, youth and vulnerable persons_ who participate in our programs and use our facilities.

Background Information:

Name: _____

Social Security Number: _____

Social Security #: _____

Address: _____ Home Phone () _____ Work Phone () _____

Driver's License Number _____

Auto Insurance Carrier and Limits: _____

Personal Disclosure Information (Please circle the appropriate response throughout):

Do you have children? (Yes or No) Ages: _____

Has your driver's license ever been suspended or revoked? (Yes or No)

Have you ever been treated for a psychiatric disorder? (Yes or No)

Have you ever had an addiction to drugs, alcohol or pornography; or has anyone ever suggested that you may have a problem with any of the above? (Yes or No)

Do you abuse alcohol or use illegal drugs? (Yes or No)

Have you ever been convicted of the possession, use or sale of drugs? (Yes or No)

Have you ever been charged or accused of child neglect, abuse or molestation or committed such an act? (Yes or No)

Have you ever been convicted or pled guilty to a crime? (Yes or No)

Is there any reason you should not be entrusted with the supervision, guidance and care of children, youth and vulnerable persons or is there any fact in your background that could compromise the integrity of the Church? (Yes or No)

Have you ever been exposed to an incident of child abuse or neglect? (Yes or No)

If you answered yes to any of the above questions, please explain here or on a separate sheet.

Church History and Prior Volunteer Work:

Do you regularly attend our weekend services: (Yes or No) since when?

List our Church ministries you currently participate in:

List Lakewood church classes you have attended: _____

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having the character of Jesus live through you? (Yes or No)

Give the name and address of each Church you regularly attended during the last 5 years.

Describe your previous Church work with children, youth and vulnerable persons, including each Church, its address and the dates.

Describe your previous non-Church work with children, youth and vulnerable persons, including each organization, its address and the dates.

List any gifts, training, or other factors that have prepared you for work with children, youth or vulnerable persons.

References:

List the name, address and telephone number of three personal references:

{A Church staff member or present volunteer)

(An employer or fellow worker)

{A social friend or neighbor)

**AUTHORIZATION
Personal Information Form**

The information contained in this Personal Information Form is correct to the best of my knowledge. I understand this information may be checked by contacting anyone or any organization listed or that may have information about me. I authorize anyone contacted to give you any information, including opinions, regarding my character and fitness for work with children, youth, and vulnerable persons. I authorize the release of the information in this document to any ministry in the Church. In consideration of the receipt and evaluation of this information by the Church, I release the Church, its employees, members and volunteers, and any reference or other person or organization who provides information about me from all liability for any damages which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization and my evaluation. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this document.

I agree to be bound by the policies of the Church, and to refrain from unscriptural, immoral, illegal or unethical conduct in the performance of my work on behalf of the Church.

I agree to participate in training and education events provided by the Church related to my areas of work. I will immediately report inappropriate behavior, suspicious activity, observed abuse or allegations of abuse, to the pastor and my supervisor.

I HAVE CAREFULLY READ THIS AUTHORIZATION. I UNDERSTAND ITS CONTENTS AND I AM SIGNING IT OF MY OWN FREE WILL.

Signature of Applicant

Date

Witness

Authorization for Criminal Records Check

Every applicant, regardless of criminal record must complete this section.

I request and authorize the release to Lakewood United Methodist Church of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state, or national. I release all local, state and national law enforcement agencies from all liabilities resulting from such disclosure.

Signature: _____

Print name and, if applicable, maiden name: _____

Date of Birth: _____ Place of Birth (City & State): _____

Driver's License number and State: _____

If you prefer, you may discuss your answer to any question in this policy with the pastor rather than answering it on this form. Answering yes or leaving a question unanswered will not automatically disqualify you from working with children, youth or vulnerable persons.

Authorization to Conduct Criminal Records Check

(Please Read Carefully Before Completing and Signing)

The five items of personal information requested below are needed to process your criminal records check. This information is intended solely for that purpose and will not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Printed Full Name of Applicant:

Last

First

Middle

Other names you have used, including maiden name and the date(s) your name(s) changed:

Race: _____

Gender: Male _____ Female _____

Social Security #: _____

Your Date of Birth: ___/___/____

(Month/Day/Year)

List all your residential addresses for the past seven (7) years, starting with your present address:

Have you ever been convicted of a crime (Other than minor traffic offenses): Yes ___ No ___

If yes, Please Explain Charges: (Use additional sheet of paper if necessary)

What State. What County and What Year did these convictions occur? _____

I authorize the Lakewood United Methodist Church, The West Michigan Annual Conference of The United Methodist Church and/or Oxford Document Management and their agents to conduct a criminal records check on myself as part of my application for employment, appointment or a volunteer position. This may include information contained in criminal files at the county, state and federal jurisdictions, & credit bureau. I hereby release and hold harmless all persons, companies or corporations furnishing such information from liability and responsibility. A photo static copy of this document can be substituted for the original. This document shall be valid for a period of one (1) year from the date of my signature.

Signature of Applicant: _____

Date: _____

PARTICIPATION COVENANT STATEMENT

The congregation of Lakewood United Methodist Church is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) within the past 12 months should volunteer to work with children or youth in any church-sponsored activity.

2. Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his/her willingness with one of our church's ministers before accepting an assignment.

3. All adult volunteers involved with children or youth of Lakewood United Methodist Church must have been attenders of the congregation for at least six months before beginning a volunteer assignment.

4. Adult volunteers with children and youth shall observe the "Adult Rule" (page 2) at all times so that no adult is ever alone with a child or youth.

5. Adult volunteers with children and youth shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.

6. Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. As a volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children and youth? Yes No

2. As a volunteer in this congregation, do you agree to observe the "Adult Rule" (page 2) at all times?
 Yes No

3. As a volunteer in this congregation, do you agree to abide by the six-month rule before beginning a volunteer assignment? Yes No

4. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment? Yes No

5. As a volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor? Yes No

6. As a volunteer in this congregation, do you agree to discuss with a minister of this congregation your experience, if any, as a survivor of child abuse? Yes No

(Answering yes to this question does not automatically disqualify you from volunteering with children or youth.)

7. As a volunteer in this congregation, do you agree to inform a minister of this congregation if you have ever been convicted of child abuse? Yes No

I have read this Participation Covenant, and I agree to observe and abide by the policies set forth above.

Signature of Applicant: _____ Date: _____

Print full name: _____

SECTION 2: CHILD, YOUTH & VULNERABLE ADULT PERMISSION FORMS

PARENT/GUARDIAN CONSENT FORM

I, (NAME OF PARENT OR GUARDIAN) _____, am the parent or legal guardian of _____ (hereinafter "my child"), and I am informed of the activities offered by **Lakewood United Methodist Church** (hereinafter church,) located at: 10265 Brown Rd. in the City of Lake Odessa County of Barry, and State of Michigan, beginning on the day of _____ 20 __, and ending on the day of _____ 20 __.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this CHU RCH, on the dates listed above.

Additional Information:

Due to health concerns my child is to be excluded from the following activities:

My child also has Food Allergies: yes no (If yes, please explain: _____)

_____ Date: _____
(SIGNATURE OF PARENT OR GUARDIAN)

THIS FORM WAS RESEARCHED AND DRAFTED BY THE LAW FIRM OF: MCKAY
BYRNE & GRAHAM
3250 WILSHIRE BLVD STE 603
LOS ANGELES CA 90010-1578
213-386-6900

PARENT/GUARDIAN CONSENT TO MEDICAL, DENTAL, OR HOSPITAL CARE

I, (NAME OF PARENT OR GUARDIAN) _____ am the parent or legal guardian of _____ (hereinafter "my child"), who was born on; _____

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to, and agreement to pay for; the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Dated: _____, 20____

(SIGNATURE OF PARENT OR GUARDIAN)

(PRINT NAME OF PARENT OR GUARDIAN)

THIS FORM WAS RESEARCHED AND DRAFTED BY THE LAW FIRM OF: MCKAY
BYRNE & GRAHAM
3250 WILSHIRE BLVD STE 603
LOS ANGELES CA 90010-1578
213-386-6900

**LAKWOOD UNITED METHODIST CHURCH
PARENT/GUARDIAN RELEASE STATEMENT**

Name of child or youth (STUDENT) _____

Date of Birth: _____ Sex: _____ Grade: _____

Address: _____

As parent/legal guardian of the above student, I have reviewed the information about the youth ministry activities listed. I give my permission for the student to be involved in the overall activities and in the specific activities of _____ for the dates, _____.
(initials _____)

The student will abide by all rules set by the Church or its leaders for these activities. If the student is returned home early for discipline violations, it will be at my expense.

I agree that any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the student during the activities may be used, distributed, or shown as the Church sees fit, only for the purpose of Christian ministry.

I believe reasonable safety precautions will be taken by the Church and its agents during the events and activities. However, I understand the possibility of injuries, unforeseen hazards and the inherent risks. I agree not to hold the Church, its employees, members and volunteers liable for and I release them from any damages, losses, diseases, or injuries incurred by the student. The designated Church leader for each activity is authorized to obtain any necessary emergency medical care for the student, at my expense.

Parent/Guardian Name and telephone number (print) _____

Parent/Guardian Signature _____ Date: _____ 20 _____

Health Insurance carrier and policy number: _____

Lakewood United Methodist Church Weapons/Substance Abuse Policy

Weapons (incl. firearms and knives):

No person shall store or possess dangerous weapons, have under the person's control, convey, or attempt to convey devices or substances including, but not limited to, firearms or ammunition on the property of Lakewood United Methodist (LUMC) or off campus at an LUMC-related activity, unless permitted on the basis of the person's position as a recognized safety official or appointed peace officer, pursuant to Michigan Law; MCL 28.425o which prohibits firearms on Church property or at church sponsored events: *Any property or facility owned or operated by a church, synagogue, mosque, temple, or other place of worship, unless the presiding official or officials allow concealed weapons* even if otherwise permitted by law. A valid license does not authorize the licensee to carry a weapon onto the church premises or at church sponsored events. Use or misuse of weapons, devices or substances in a manner that causes or threatens serious harm to the safety or security of others is expressly prohibited.

Violations of this policy by anyone will result in a recommendation for exclusion from church sponsored events upon the first offense. Violations of this policy by employees will result in a recommendation for immediate dismissal upon the first offense. All violators of this policy, whether affiliated with LUMC or not, will be subject to prosecution to the fullest extent of the law.

Drug Free/Substance Abuse Policies:

LUMC is a drug-free community and seeks to promote good health practices. Therefore, church policies prohibit the unlawful use, possession or distribution of alcoholic beverages or illicit drugs by students, and staff on campus or as part of any of LUMC's activities.

Within the LUMC community, the unlawful use, possession or distribution of alcoholic beverages or illicit drugs may result in disciplinary action even if it occurs off site during church sponsored events. This approach reflects the unique nature and mission of a church community.

LUMC's policies distinguish between the unlawful use or possession of alcoholic beverages or illicit drugs and the unlawful distribution of them. Referral for counseling/treatment may be considered for first-time violators of policies regarding the unlawful use or possession of alcoholic beverages or controlled substances; referral to law enforcement officers is automatic when unlawful distribution is involved.

Adopted by the Administrative Council: Date: April 14, 2014