

*Presbytery of North Central Iowa*  
**CHILD PROTECTION POLICY**

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CNLD\child protection policy

4/02

## **CHILD PROTECTION POLICY**

### **I. STATEMENT OF PURPOSE AND POLICY**

The Presbytery of North Central Iowa believes it is called by God to provide and maintain a safe, nurturing environment for all children, youth under the age of 18, and vulnerable adults while in its care during any Presbytery sponsored or cosponsored event.

A commitment to this call includes preventing the following types of inappropriate conduct:

Physical Abuse, including any unwanted touch, any physical contact intended to coerce or do harm, any hitting or touching in anger.

Emotional/Verbal Abuse, including insults, name calling, belittling remarks, unfavorable comparisons with other children or youth, shaming, deliberately causing fear, or using speech to hurt.

Spiritual Abuse, including using Scripture or church authority to coerce, control or shame; using threats about condemnation from God or making threats about God withholding love to control behavior.

Sexual Abuse, which is defined as any sexual contact with children, youth, or vulnerable adults in a leader's charge, including:

- fondling private parts
- oral, genital, or anal penetration
- sexual intercourse
- forcible rape
- suggestive sexual comments
- showing pornography (sexually explicit materials)
- exposing sex organs

allowing children to witness sexual activity

For the protection of our children, all persons working directly with children, youth and vulnerable adults, whether paid or volunteer, at any Presbytery of North Central Iowa sponsored or cosponsored events are subject to the provisions of this policy. Therefore, all such persons are expected to participate in pre-event training and orientation including but not limited to training to increase their sensitivity to the prevention of any form of abuse to and protection of children, youth, and vulnerable adults.

### **II. SELECTING AND SCREENING VOLUNTEERS AND STAFF**

It is the policy of the Presbytery of North Central Iowa that all adults working with or supervising minors during any Presbytery-sponsored or cosponsored activities and programs must satisfactorily complete an application form and police background check. The purpose of this policy is to provide a safe and secure environment for the children and youth who participate

in our activities and programs. It is also the policy of the Presbytery that at least one member of a team working with children or youth must be an active member of a congregation within the bounds of the Presbytery of North Central Iowa.

**Procedures:**

- X A cover letter, application form, and release form for a background check will be provided to all potential staff and volunteers by the Presbytery staff person responsible for administration of the program.
- X Forms must be completed and returned by the deadline set by the Planning Team or committee responsible for the program or event at which the applicant seeks to serve.
- X All forms will be reviewed by the Presbytery staff member assigned to the event and at least one member of the Planning Team or committee responsible for the event or its designee. The review will include:
  - Checking form for completeness.
  - Reviewing answers to questions.
  - Checking references.
  - Securing additional information as reviewers deem necessary.
  - Securing appropriate police background check.
- X The reviewers, using the information at their disposal, will decide whether or not the applicant will be approved. Their decision must be unanimous.
- X Persons not approved will be so notified in writing.
- X Completed forms and related confidential information will be kept in confidential files in the Presbytery office.
- X Approval will apply for the calendar year in which it was made, and for the next two calendar years. After that period, the applicant must reapply.
- X No person shall be exempt from these procedures.
- X At all times, the Presbytery of North Central Iowa reserves the right to determine who shall serve.

### **III. TRAINING**

The Presbytery will provide training on the importance of protecting children and youth from abuse and the specific provisions of the Presbytery's policy. All persons working with and/or responsible for children and/or youth at Presbytery sponsored or cosponsored events and activities will be required to participate in this training. This training should be provided after recruitment and prior to the beginning of one's time of service. The Presbytery will make every effort to provide this training at a time and location which will allow those who are required to be trained to participate in an appropriate training event. In some instances this may mean providing more than one training event; however, it is the Presbytery's responsibility to provide reasonable

opportunities for this training. No person who refuses or is otherwise unable to participate in planned training events will be allowed to be responsible for children or youth at a Presbytery sponsored or cosponsored event or activity.

Training will include the following components. Specific events and activities, by virtue of their unique qualities, may require additional components.

1. Scriptural basis for child advocacy, e.g.

Deut. 30:19, choose life

Prov. 13:24, those who spare the rod...

Mal 4:6, turning hearts of parents to their children

Mark 9:36-37, welcoming the children

Mark 10:13-16, Jesus blessing the children

Luke 17:1-3, forgiveness? The dilemma

Cor 3:16-17, our bodies are God's holy temple; called to be advocates for the victims.

2. Importance of the issue for the church

3. The specific components of the Presbytery's Child Protection Policy

4. Review of specific safety procedures relevant for the event or activity

5. Concluding litany of affirmation or covenant for leaders

## TRAINING OUTLINE

### Goals:

Each person who participates will

Understand why this policy has been adopted by the Presbytery.

Increase sensitivity to the prevention of any form of abuse.

Become familiar with the provisions of the policy and the individual's role in implementation.

### Design

<u>Time</u>	<u>Content</u>	<u>Resource</u>
3 min	Scripture Reading and Prayer	
10 min	Explanation of policies and why we have them	Copy of policy
15-20 min	Show video and debrief	"Reducing the Risk of Child Sexual Abuse"

30 min

Review policy step by step adding specific procedures:

1. Discipline Situations
  - physical contact—hitting, biting, shoving
  - verbal—name calling, insults, put-downs of children, activity or teacher
  - leaving the group
  - noncompliance with directions
  - if adult leader has a personality conflict with child or youth let another adult handle the situation
2. Giving Support
  - stay positive
  - insults are not true
  - hugs are OK if child or youth wants them (be sensitive)
  - verbal communication
3. Restroom
  - if necessary, clear all adults before children to in
  - if child need help have two adults present
  - when changing diapers, have two adults present
  - teens go in pairs
4. When hurt
  - check on seriousness and respond to the immediate need
  - if need for medical care, go to office and ask to have nurse called
  - leave when the child is comfortable with the adults who are taking care of them

3 min.

Closing—Litany of Affirmation of Leaders

#### **IV. SUPERVISION OF VOLUNTEERS AND STAFF**

It is the policy of the NCIP to have at least two adult workers present at all activities involving youth sponsored or co-sponsored by the Presbytery. At no time shall only one worker be allowed to be alone with children or youth. The only exception to this two-adult policy would be in a situation in which the contact occurs in a public place and other persons are in and out of the area where the adult is working with youth.

Supervisors and all persons providing leadership for programs for children and youth will be asked to be alert and to report any suspicious behavior which might suggest inappropriate conduct or relationship between an adult and a child or youth or between children or youth at the event. Such behavior should be dealt with immediately, either by commenting to the offending adult (in the case of a minor boundary violation deemed to be caused by ignorance) or reporting to the responsible staff person. All such reports will be seriously considered, prompt warnings will be issued as appropriate, and situations carefully monitored.

## **V. REPORTING ABUSE**

If a volunteer of staff has any knowledge or suspicion that abuse has occurred, he or she will report it immediately to the staff person responsible for the event. The person will then follow the verbal report with a written report on the appropriate form. If deemed appropriate, the responsible staff person will notify appropriate government organizations.

A confidential record will be kept at the Presbytery office that a verbal report of suspected abuse or neglect was made. The notation will include the name of the agency and the staff person to whom the report was made, the date and time the report was made, and the names of the persons making that report. A copy of the written report will also be part of the record. Nothing confidential will be included in this notation.

### **A. COVER LETTER FOR VOLUNTEER APPLICATION FORM**

*Presbytery of North Central Iowa*

<<FirstName>> <<LastName>>  
<<Address1>>  
<<City>>, <<State>> <<PostalCode>>

Dear <<FirstName>>:

Thank you for your interest in volunteering to work with the children and youth of the Presbytery of North Central Iowa. Our programs include activities at the Presbytery Day, Mission Trips, Youth Events, Presbyterian Camp on Okoboji and activities held at various Presbytery committee meetings.

Because of the growing awareness of child safety issues, especially in the area of sexual abuse, the Presbytery of North Central Iowa now requires that every potential volunteer complete the attached application form. We realize that the information requested is of a personal nature, but we believe that this screening process is the best way to meet both our moral and legal obligations. Above all, we want to provide a safe and secure experience for our children and youth.

Please note that at least one of the adults providing supervisory leadership for children and/or youth in a particular situation must be a member of a congregation in this Presbytery.

Also understand that a yes answer to one or more of the questions does not automatically disqualify you from working with children and/or youth. It may simply mean that we will need some additional information.

Because of the potentially sensitive nature of the information on the form, access to your application will be very limited. Each application will be reviewed by two people, designated by the committee or planning team for the event and/or the assigned Presbytery staff member. They will review the application, obtain any other necessary information, and decide whether or not to approve your application. The only other person with access to your application will be the Presbytery staff member(s) assigned to this event. All completed forms will be kept in a confidential file in the Presbytery Office.

Please read all of the enclosed information carefully. When you have completed the attached form return it to the Presbytery office addressed:

Presbytery of North Central Iowa  
Confidential Volunteer Application  
2302 Falls Avenue  
Waterloo, IA 50701

We look forward to sharing with you the joys and challenges of working with children and youth of the church.

Sincerely,

Enclosure: Application form and Authorization to Acquire Police Background Check

## **B. COVENANT FOR LEADERS OF CHILDREN AND YOUTH**

*I consider this a vow to God, a promise to those who planned this event, and a covenant between myself, the Presbytery of North Central Iowa, and the children and youth with whom I will work with their families.*

During my time at (event) I will live as a Christian called to service in God's kingdom.

I understand that I have been entrusted with the safety and welfare of all the children and youth assigned to me. At all times, I will guard their physical safety and mental, emotional and bodily health.

I understand that I have been entrusted with the spiritual health of all the children and youth assigned to me. At all times, I will care for their faith development. I will care for their needs for friendship and security and I will work to build a caring, loving community within the classroom and within the (event).

I will take care of my own physical and spiritual health.

I understand that I must be careful of "suggestive" situations. I will never be alone with a child or youth in my care. If someone requests time alone with me, we will meet in sight of others, but not necessarily where others can hear us.

I will never touch a child or youth in anger.

I will use appropriate signs of affection and Christian caring. I will respect the feelings of those who do not enjoy even the slightest casual touch.

I will guard my language. I will not swear or use inappropriate language in the presence of children or youth.

I will set a good example of respecting the property where (event) is held and the property of others and I will be a good steward of God's earth.

*I have read the job description and covenant and agree to abide by these statements. I understand that if I do not abide by this agreement, my volunteer services can be terminated at the discretion of the Presbytery staff and/or committee or Planning Team for this event. By signing below, I am acknowledging this covenant between the Presbytery and myself.*

\_\_\_\_\_  
Signature of Volunteer  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Under 18 Parental Agreement

### **C. VOLUNTEER APPLICATION FORM** *Presbytery of North Central Iowa*

#### **General Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

List all other names you have been known by:

List three personal references we can contact on your behalf (not former employers or relatives).

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_



In caring for children, we believe it is our responsibility to seek adult staff that is able to provide health, safe, and nurturing relationships. Please answer the following questions accordingly. Answering yes to any of the questions 3 through 5 will not automatically disqualify a volunteer from working with children. If you prefer, you may discuss your answer in confidence with a Presbytery staff person rather than answering it on this form. Any pastoral concerns can be discussed individually with the person.

1. Do you have a current driver's license? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please list your driver's license number  
(staff needs to make a photocopy of the driver's license)

2. Are you willing to be fingerprinted for a criminal records check? \_\_\_\_\_yes \_\_\_\_\_no

3. Have you ever been convicted of or pled guilty to a crime? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please describe:

4. Have you ever been a victim of any form of child abuse? \_\_\_\_\_yes \_\_\_\_\_no

5. Have you ever been in treatment for drug or alcohol abuse? \_\_\_\_\_yes \_\_\_\_\_no

If yes, please explain:

6. Are you using illegal drugs? \_\_\_\_\_yes \_\_\_\_\_no

The information contained in this application is correct to the best of my knowledge. I, the undersigned, authorize any references or churches listed in this application to release any and all records or information related to working with minors. The Presbytery Staff or their designee may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a (teacher, educator, care giver...) I furthermore authorize the Presbytery of North Central Iowa to acquire a police background check on me in my local jurisdiction. I understand that the personal information provided in this application will be held in strict confidentiality.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## D. REFERENCE CHECK SCRIPT

*The following script is suggested for telephone reference checks. If reference checks must be done in writing, this script may be adapted for inclusion in a letter requesting information. The person doing the telephone check should keep notes of the reference's responses. These should be placed in the person's file with their application form and other documentation.*

### ***Suggested Script:***

My name is \_\_\_\_\_ (Briefly describe your role in the Presbytery, committee or Planning Team, on which you serve, etc.).

(*Name of person being checked*) is being considered for a position as (be as specific as possible describing the work they will be doing and the event at which they will serve.) He/She gave us your name as someone who could speak to us about his/her work with children and/or youth and has given us permission to contact you. Would you be willing to answer some questions for us?

1. What leadership or teaching responsibility that you are familiar with has \_\_\_\_\_ had with children and/or youth?

2. What specific gifts or talent do you believe \_\_\_\_\_ will bring to this position?

3. Our primary concern is for the health and safety of our children and youth. Do you believe that \_\_\_\_\_ can provide a healthy, safe, and nurturing environment for children and youth? On what do you base that judgment?

4. Are you aware of any problems which may have arisen while \_\_\_\_\_ was responsible for children and/or youth?

5. Do you have any hesitation in recommending \_\_\_\_\_ for (this position)?

**E. INCIDENT REPORT FORM**

Reason for report \_\_\_\_\_  
Date of incident \_\_\_\_\_ Time \_\_\_\_\_

Event/Activity \_\_\_\_\_

Name of Reporter \_\_\_\_\_ Class/Group \_\_\_\_\_  
Title \_\_\_\_\_

Name(s) of Child(ren) \_\_\_\_\_ Age(s) \_\_\_\_\_  
\_\_\_\_\_ Age(s) \_\_\_\_\_

Quote the child's/youth's first words verbatim: \_\_\_\_\_  
\_\_\_\_\_

Briefly describe child's/youth's demeanor/appearance: \_\_\_\_\_  
\_\_\_\_\_

Briefly describe what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action did you take? \_\_\_\_\_  
\_\_\_\_\_

Has the incident been resolved? ☐ Yes ☐ No Explain: \_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses? ☐ Yes ☐ No

Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures of witnesses (if possible): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report submitted to: \_\_\_\_\_  
\_\_\_\_\_

**F. MEDICAL INFORMATION AND PERMISSION FORM**

Dear Parents,

Your child \_\_\_\_\_ has been invited to participate in \_\_\_\_\_ event, which is sponsored in part by the North Central Iowa Presbytery. Adult sponsors for this event will include.

**Name** \_\_\_\_\_ **Church** \_\_\_\_\_ **Phone number** \_\_\_\_\_

Please complete the lower portion of this form and return it to the Presbytery Office, 2302 Falls Avenue, Waterloo, IA 50701 by \_\_\_\_\_ (date).

X \_\_\_\_\_

Event \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

Policy number \_\_\_\_\_ Guarantor \_\_\_\_\_

Medical History:

Chronic Illnesses \_\_\_\_\_

Medication Allergies \_\_\_\_\_

Any other allergies \_\_\_\_\_

Current medications & dosages \_\_\_\_\_

Are there any problems that we should be aware of? \_\_\_\_\_

What special needs should we be aware of? \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to participate in the event listed above

\_\_\_\_\_ I give permission for my child to have emergency medical treatment.

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

\_\_\_\_\_  
Date

## G. AUTHORIZATION TO ACQUIRE POLICE BACKGROUND CHECK

I, the undersigned, authorize the Presbytery of North Central Iowa to acquire a police background check on me in my local jurisdiction.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Return this completed form to:**  
Presbytery of North Central Iowa  
2302 Falls Avenue  
Waterloo, IA 50701