

Forms



Ages: Birth to 18 years

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Safety and Security Materials Assembled by
The Baptist Convention of Maryland and Delaware





Safe Environments for Children's Ministry

Local Church Self-Evaluation Form

Use the following list to help your congregation assess its policy needs for the prevention of child abuse in your church. Read each statement and mark the appropriate response in the column to the right. By completing the form, you will be able to see at a glance the areas needing attention.

Statement	Yes	No	Unsure
1. We screen and check references for all paid employees, including clergy, who have significant contact with children or youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. We screen all volunteer workers for any position involving work with children or youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. We train at least annually all volunteer or paid workers with children or youth to understand the nature of child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. We train at least annually all volunteer or paid workers with children or youth in how to carry out our policies to prevent child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Our workers are informed of state law requirements regarding child abuse and their responsibility for reporting incidents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. We have a clear reporting procedure for a suspected incident of child abuse that follows the requirements of our state law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. We have insurance coverage available in case a child abuse complaint occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. We have a clearly defined building usage strategy as a component of our child abuse prevention plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. We offer at least annual educational opportunities to parents of children and youth about how to recognize and how to reduce risks of child abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. We take our policies to prevent child abuse seriously, and we are committed to their enforcement for the safety and security of all our children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Safe Environments for Children's Ministry

Checklist

- We currently screen all paid employees, including clergy, who work with youth or children.
- We currently screen all volunteer workers for any position involving work with youth or children.
- We do a reference check on all paid employees working with youth or children.
- We train all of our staff who work with children or youth, both paid and volunteer, how to carry out our policies to prevent sexual abuse.
- We train all of our staff who work with children or youth, to understand the nature of child sexual abuse.
- We take our policies to prevent sexual abuse seriously and see that they are enforced.
- Our workers understand state law concerning child abuse reporting obligations.
- We have a clearly defined reporting procedure for a suspected incident of abuse.
- We have a specific response strategy to use if an allegation of sexual abuse is made at our church.
- We have insurance coverage if a claim should occur.
- We are prepared to respond to media inquiries if an incident occurs.



Safe Environments for Children's Ministry

Policies for Working With Preschoolers – Children – Youth

Enlisting Policies for Individuals (paid and volunteer) working with children up to age 18

1. A volunteer must be an active member of _____ Baptist Church for at least six months before being considered for a position working with preschoolers, children, or youth.
2. All new workers are required to complete the potential worker orientation course before they begin working.
3. All workers (new and existing) must fill out a worker information form which will be kept on file in a secure and confidential manner.
4. References given on the worker information form will be contacted by the office of the Minister of Education.
5. Each potential worker will be interviewed in person by the program director or division director in the area they will be serving.
6. At the completion of the process, the potential worker's name may be submitted to the Church Council for recommendation to the church body for a position working with preschoolers, children, or youth.
7. Temporary workers (those who help once a quarter or less) must be members of _____ Baptist Church for a least one year prior to helping and will be required to complete and sign a temporary worker information form after reading and understanding all the policies for working with preschoolers, children, and youth. This temporary form will last for one church year.
8. **Only members** (six month or longer) of _____ Baptist Church, **who have completed either the worker information form or the temporary worker information form, may assume any leadership role.**
9. All paid employees who work with or have direct access to children up to age 18 will be required to submit to a criminal background check before being hired.
10. Adequate records will be maintained at all times in the following manner:
 - *Informational record on each worker shall be kept in a secure, confidential, and limited access location.*
 - *Records will be updated upon any changes in a paid or volunteer work's status*
 - *Records shall be maintained in a simple, but clear filing system.*
 - *A periodic review of each record shall be made to ensure the accuracy of the records.*
 - *Each record shall be handled in a strictly confidential manner!*



Safe Environments for Children's Ministry

Childcare Worker Position Description

Position: Childcare worker in the church nursery
Reports To: Nursery Supervisor/Coordinator

General qualifications required:

1. All childcare staff members shall be of good character and be of the Christian faith.
2. All childcare staff members shall:
 - A. Be physically, mentally, and emotionally healthy.
 - B. Have a basic understanding of children and their needs.
 - C. Be adaptive to a variety of situations.
 - D. Be willing to grow in their knowledge of children through periodic education and training events.
3. All childcare staff members shall have a physician's report stating that the staff member is in good health and has presented the result of a Tuberculin test.
4. _____ Church hires without regard to race, sex, or national origin.

Educational qualifications required:

All childcare staff members shall have completed the equivalent of a high school diploma.

Duties of childcare staff member:

1. Provide physical, emotional, and intellectual support and stimulation to each child in your care, as appropriate for the circumstance.
2. Provide appropriate guidance to each child in your care.
3. Develop a relationship of trust and continuity with the children in your care, which will enhance each child's development of positive self images.
4. Provide support and assistance to parents when they arrive with their child.

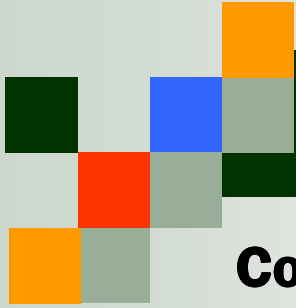
Performance expectations of a childcare staff member:

1. Be punctual. Notify the nursery supervisor in advance if you must be late.
2. Be reliable in your attendance. Notify the nursery supervisor in advance if you must be absent.
3. Attend periodic training and education events provided by the church.
4. Be polite, friendly, and courteous to others, both children and adults.
5. Do not engage in physical punishment/discipline of any child.
6. Cooperate with other childcare staff and with parents.
7. Abide by and apply the childcare policies of _____ Church at all times.

I have read the position description for childcare staff members of _____ Church and understand its contents. My signature below indicates my agreement and covenant to abide by the requirements set forth above.

Signature of Applicant

Date



Safe Environments for Children's Ministry

Confidential Volunteer Application Form

This application is to be completed by all for any position involving the supervision or custody of minors. It will help our church family provide a safe and secure environment for boys and girls.

Personal:

Name _____ Date _____
 Present Address _____ SS# _____
 City _____ State _____ Zip _____
 Day Phone _____ Evening Phone _____
 Occupation _____ Martial Status _____

On what date would you be available to begin? _____

What is your minimum length of commitment? _____

Are you over the age of 18? YES NO

Do you have a current driver's license? YES NO if yes, please list your driver's license number: _____

Have you ever been charged with, indicted for, or plead guilty to an offense involving a minor? YES NO if yes, please describe all convictions for the last Five years: _____

Were you a victim of abuse or molestation as a minor? YES NO

(If you prefer, you may refuse to answer this question. Or you may discuss your answer in confidence with one of the ministers rather than answering it on this form. Answering yes or leaving the question unanswered will not automatically disqualify you).

Church Activity

When did you make your profession of faith in Christ? _____

When were you baptized? _____

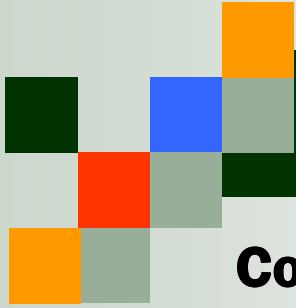
Have you joined our church? _____

If no, of which church are you a member? _____

List (name and address) other churches you have attended regularly during the past five years:

List previous church work involving children:

Church Name	Church Address	Type of work performed	Date
_____	_____	_____	_____
_____	_____	_____	_____



Safe Environments for Children's Ministry

Confidential Volunteer Application Form (continued)

List all previous nonchurch work involving children:

Organization	Address	Telephone number/s

List any gifts, callings, training, education, or other factors that have prepared you for teaching children: _____

Personal References (not former employers or relatives)

Organization	Address	Telephone number/s

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I authorize references or churches listed in this application to provide information (including opinions) they may have regarding my character and fitness for working with children. I release all such references from any liability for furnishing such evaluations, provided they do so in good faith and without malice.

I waive any right I might have to inspect references provided on my behalf. Should my application be accepted, I agree to be bound by the bylaws and policies of this church and to refrain from unscriptural conduct in the performance of my services on behalf of the church. I further state that I have carefully read the foregoing release and know the content thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant's Signature _____ Date _____
 Witness Signature _____ Date _____

I will submit to reference check and/or criminal background check. YES NO

Note: This application will be filed and locked in the care of the Children's Ministry coordinator.

Disclaimer: This form is solely for illustrative purposes. State and local laws may vary. It is recommended that each church solicit the advice of an independent and qualified attorney. Baptist Convention of MD/DE, LifeWay Christian Resources nor the Southern Baptist Convention assume any liability for reliance on this form.

Safe Environments for Children's Ministry

Primary Screening Form Information

Below is information that you will need to gather to generate the proper screening form.

- 1. Purpose statement, safe and secure area for children. Not an employment application.**
- 2. Date**
- 3. Full name of applicant; verify with photographic identification, such as driver's license from state where church is located.**
- 4. Full local address, along with telephone number.**
- 5. Information as to type of youth or children's work desired, date when applicant can start and minimum time of commitment.**
- 6. Questions as to prior criminal convictions.**
- 7. Question as to whether applicant has been abused or molested as a minor. Allow for privacy or discussion as to this question.**
- 8. Questions concerning church membership for at least 5 years. Include all previous youth/children work. List each church's name, address, dates, and type of work.**
- 9. Questions concerning non-church work with names, address, dates, and type of work.**
- 10. Have applicant list education, gifts, etc... that prepare him/her for youth/children work.**
- 11. List of Personal References with addresses (no former employers or relatives).**
- 12. Affidavit of truth, authorization, release, and waiver.
Agreement to be bound by church rules.**
- 13. Have form signed, dated, and witnessed.**
- 14. Have applicant sign request and authorization for criminal record check.**

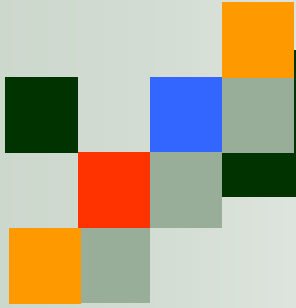


Confidential Reference Contact Form



Below is information that you will need to gather to generate the proper Confidential Reference Contact form.

- 1. Applicant's name.**
- 2. Reference or church contacted, if company or church, include name of person contacted.**
- 3. Contact date and time.**
- 4. Name of person who did the contacting.**
- 5. How contacted? (phone, letter, personal)**
- 6. Summary of contact. Make special notice to comments concerning fitness for children or youth work.**
- 7. Legible signature of person making contact, also position and date.**



Safe Environments for Children's Ministry

Employment Application

This type of application should be completed by all who seek any position that will involve the supervision and/or custody of children or youth. You should tailor the application to the specific circumstances in your congregation. However, the employment application should include, at a minimum, sections for personal identification, job qualifications, experience and background references, and a waiver/consent to a criminal records check.

Last Name _____ First Name _____ Middle Name _____

Are you over the age of 18? YES NO

Present address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Position applied for: _____

Date you are available to start: _____

Qualifications:

Academic achievements: (Schools attended, degrees earned, dates of completion)

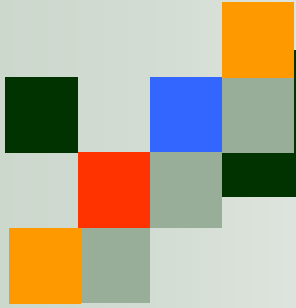
Continuing education completed: (Courses taken, dates of completion)

Professional organizations: (List any in which you have membership)

First Aid Training? YES Date Completed _____ NO

CPR Training? YES Date Completed _____ NO

Previous Work Experience: Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of company/employer, the name of your immediate supervisor, and the dates you were employed in each position.



Safe Environments for Children's Ministry

Employment Application (continued)

Previous Volunteer Experience: Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug related charges, child abuse, other crimes of violence, theft or motor vehicle violations?) YES NO

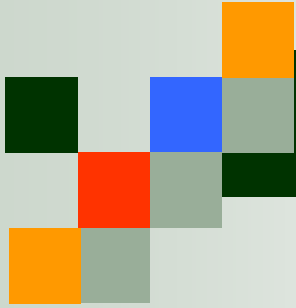
If yes, please explain: _____

References: Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

1. Name: _____
Address: _____
Day Phone: _____
Evening Phone: _____
Length of time you have known reference: _____
Relationship to reference: _____

2. Name: _____
Address: _____
Day Phone: _____
Evening Phone: _____
Length of time you have known reference: _____
Relationship to reference: _____

3. Name: _____
Address: _____
Day Phone: _____
Evening Phone: _____
Length of time you have known reference: _____
Relationship to reference: _____



Safe Environments for Children's Ministry

Permission for Release of Information From Criminal Records

I hereby give my permission for the release to _____ of _____ information from law enforcement files concerning any past history of sex offenses or offenses against children with which I may have been charged or convicted.

I understand that the information to be released will concern only charges and/or convictions of carnal knowledge of a child under 14 years of age, sexual battery, seduction of a child under the age of 18, touching a child for lustful purposes, disseminating sexually oriented material to children exploitation of children, carnal knowledge of a stepchild, adopted child or a child of a cohabiting partner, or unnatural intercourse. No information will be released on any criminal record which does not relate to these particular crimes.

I understand that information will be released on any conviction, and pending charges, or any arrests if I have been arrested two or more times.

I understand that _____ has the right to require this record check as a condition of employment.

I understand that I will be sent a copy of any information released from your files pursuant to this permission form and that I have the right to challenge the accuracy and completeness of this information.

I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for any other purpose.

Name: _____ Social Security Number: _____

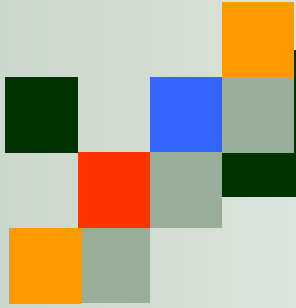
Street or Box number: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Signature: _____ Date: _____

Signature of witness: _____ Date: _____



Safe Environments for Children's Ministry

Form for Reference Check

Each personnel file should have a record of each contact made with previous work and church references.

Applicant Name: _____

Reference Name: _____

Reference Address: _____

Reference Phone: _____

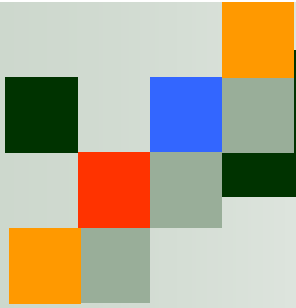
1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you feel about having the applicant as a volunteer worker with your child and/or youth?
8. Do you know any characteristics that would negatively affect the applicant's ability to work with children and or youth? If so, please describe.
9. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
10. Please list any other comments you would like to make:

Reference inquiry completed by: _____

Signature

Date

This is a sample form, Please tailor it to the specific need of your local congregation.



Safe Environments for Children's Ministry

Membership Form for the Local Church Task Force for the Prevention of Child Abuse in the Church

Pastor

Name: _____
Address: _____
Phone: _____

Member of Personnel Committee

Name: _____
Address: _____
Phone: _____

Member of Board of Trustees

Name: _____
Address: _____
Phone: _____

Lay Leader

Name: _____
Address: _____
Phone: _____

Minister of Youth/Director of Youth Ministries

Name: _____
Address: _____
Phone: _____

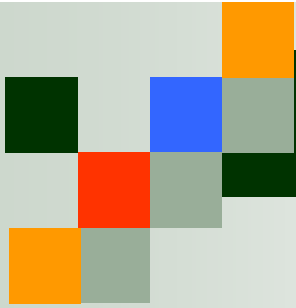
Minister of Children/Director of Children Ministries

Name: _____
Address: _____
Phone: _____

Director of any Weekday Program for Children

Name: _____
Address: _____
Phone: _____





Safe Environments for Children's Ministry

Parental Consent Form

Name of Child: _____ **Age:** _____ **Birth Date:** _____

Name of Parent/s _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____

In Case of emergency (other then parent) contact

Name: _____ **Phone:** _____

The undersigned does hereby give permission for our (my) child, _____
To attend the (event/activity) _____ sponsored by _____

The trip is scheduled to depart from (location) _____ on (date) _____

At (time) _____ and to return to (location) _____ by (time) _____

on (date) _____ .

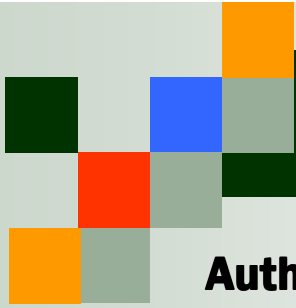
The trip/activity will be held at (location) _____

I do hereby also give my permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted, provided the child is in a safety belt and if available, a shoulder strap while participating in the activities sponsored by (name of church) _____ .

I, the undersigned, understand that this form will incorporate all the terms and conditions of the notarized Medical Authorization Form on file at the church. I also understand that if my child does not have a notarized Medical Authorization Form on file that one will be completed by me before my child will be allowed to participate.

I, the undersigned, do hereby release and forever discharge all sponsors and (name of church) _____ from any and all claims, demands, actions, or cause of action past, present, or future arising out of any damage or injury while participating in this event.

Signed _____ **Date** _____ **Relationship to child** _____



Safe Environments for Children's Ministry

Authorization to Consent to Health Care for Minor

I _____ of (county) _____ Maryland, am the custodial parent having legal custody of _____
A minor child, age _____ born (day/month/ year) _____

I authorize the following adult/s, in whose care the minor child has been entrusted:

Name _____ Address _____
Name _____ Address _____
Name _____ Address _____

To do any acts which may be necessary or proper for the health care of the minor child, including, but not limited to, the power (1) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person to whose services may be needed for such health care, and (2) to consent and to authorize any health care, including administration of anesthesia, x-ray examination, performance of operations and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective from the date of execution to and including _____ to _____

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent/s named herein.

Date: _____ Name (Print) _____
Custodial Parent Name (Signature) _____

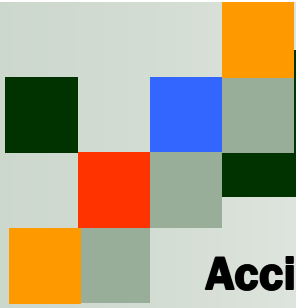
State of Maryland County of _____

On this (day) _____ of (month) _____ (name) _____ personally appeared before me the named _____ to me known and know to me to be the person described in and who executed the foregoing instrument and he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public _____

My Commission Expires: _____

Official Seal



Safe Environments for Children's Ministry

Accident/Injury Report Form

Name of Church: _____

Address of Church: _____ City _____ State _____ Zip _____

Name of Injured child/adult _____ Birth date _____ Age _____ Sex _____

Date of accident/injury _____ Time of accident/injury _____

Location of accident/injury _____

Conditions at accident/injury (weather, etc...) _____

Description of how accident/injury occurred _____

Description of action taken on child/adults behalf _____

Was parent/guardian advised of accident/injury? YES NO

Was parent/guardian advised to seek medical attention for injured party? _____

Name/s of person/s supervising at time of accident/injury _____

Name _____ Name _____ Name _____

Form completed by _____ Date _____

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Safe Environments for Children's Ministry

Preschool Room Safety Checklist



- Passageways are not blocked
- Emergency exits are marked
- Emergency cribs are identified
- Exit routes are posted
- Emergency lighting is working
- First aid kit is accessible to all rooms but out of reach of preschoolers
- Telephone is accessible in preschool area
- Outside doors are secured
- Room is well lighted
- Door and cabinet handles are secure
- Waste container is out of reach of children
- All furnishings are in good condition
- Paint or wall paper are in good condition
- All storage cabinets are attached to the wall and doors are secure
- Electrical outlets have safety covers
- Cleaning supplies are out of the reach of children
- Harmful supplies are out of the reach of preschoolers
- Water temperature does not exceed safety guidelines
- Room is free of clutter
- Toys are in good repair
- Hygiene supplies are located in each room
- Heads of cribs and doll beds are against a wall
- Adult size chairs are only in rooms with babies
- Microwaves are located away from preschoolers
- Diaper bags are out of the reach of preschoolers
- Crib slats are less than 2 3/8 inches apart
- Sharp edges in younger preschool rooms are covered

Essential for Excellence:

Connecting Preschool Sunday School to Life in *Essentials for Excellence: Connecting Sunday School to Life*



Safe Environments for Children's Ministry

Vacation Bible School Enrollment Form



Child's Name _____ Birth Date _____

Parent's/Guardian's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____

Cell Phone _____

Work Phone _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Food, fabric, or plant allergies _____

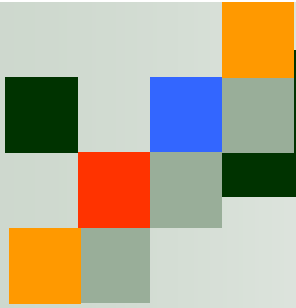
Animal allergies _____

Medical allergies _____

Do you attend church on a regular basis? YES NO

If yes, where? _____

Special notes to teacher:



Safe Environments for Children's Ministry

Allergy Poster

If your child is allergic to any of the ingredients listed today, please print your child's name on an adhesive notepad along with the item he/she cannot taste. Stick the note at the bottom or edge of the poster. Be sure to check this poster each day and leave a new note, if necessary. We also ask that you inform the teacher each day of your child's allergies.



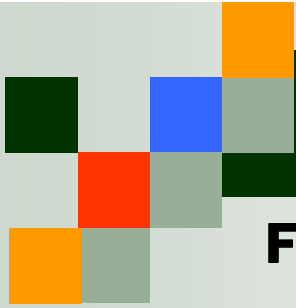
Today's Snack and Nature Items

Allergy Notes

Place notepad here

Place notepad here

Thank you, Your Child's Teachers



Safe Environments for Children's Ministry

Field Trip Planning Form

Date of Field trip _____ M T W TH F

Destination _____ Departure Time _____

Address _____ City _____ State _____ Zip _____

Contact Person _____

Phone Number _____

Transportation: Bus Van Walk

Trip objectives/s

1. _____
2. _____
3. _____

Activity/s follow-up

1. _____
2. _____
3. _____

Prior experiences of children related to this field trip: _____

Have you visited this site location? YES NO

Why is this location appropriate for children? _____

Safety precaution needs for this field trip: _____

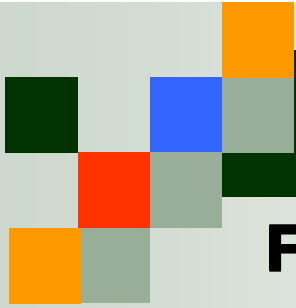
Special requirements for field trip, i.e. money (specific amount), snack/meal: _____

Name/s of persons accompanying group on the trip:

1. _____ 2. _____
3. _____ 4. _____

Attach a copy of notification to parent/s that will be distributed if the field trip is approved.

Teacher's Name _____ Date of request _____



Safe Environments for Children's Ministry

Field Trips

Field Trip Permission

This form must remain on file for every child in the program. No child will be allowed to leave the week day early education program without written permission.

I give my permission for my child to go on any field trip that is to be taken this year. YES NO

I would be able to help by accompanying my child's group as a helper when asked. YES NO

Parent's Signature _____ Date _____

Field Trip Notice

Location _____

Date _____

Departure Time _____

Returning time _____

Special Needs _____

Teacher/class name _____