



**FIRST UNITED PRESBYTERIAN CHURCH  
OF DALE CITY**

**CHILD PROTECTION POLICY**

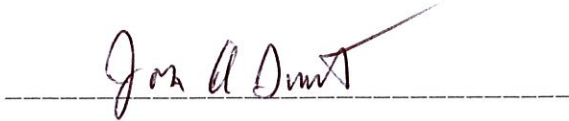
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NORMAN R. COBB

CHAIRPERSON, PERSONNEL COMMITTEE



JON A. GUEST

CHAIRPERSON, SAFETY AND SECURITY COMMITTEE



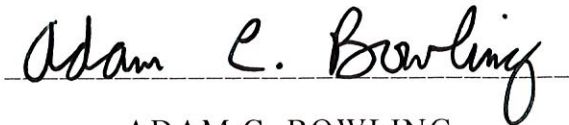
SAMUEL J. PARRIS

CHAIRPERSON, YOUTH MINISTRY COMMITTEE



RENA E. THOMPSON

CHAIRPERSON, SUNDAY SCHOOL AND CHILDREN'S PROGRAMS



ADAM C. BOWLING

PASTOR



DATE

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### Record of Changes

Date	Reason for Change	Page #	Session Approval Date

Refer questions concerning this Child Protection Policy to the Personnel Committee

## **I. Child Protection Policy Statement**

The First United Presbyterian Church of Dale City (Church) and its members are committed to the safety, welfare and protection of all children and youth participating in the activities and programs of the Church. During each baptism of an infant, child or adult, the congregation pledges to uphold that person in the household of God. To these ends, the Session hereby adopts reasonable policies and procedures in order to minimize the possibility that any child or youth will be subjected to physical or emotional abuse or neglect by Church staff, paid childcare workers, teachers or volunteers while engaged in church programs or activities. The policies and procedures adopted seek to balance the security and welfare of the children and the legitimate expectations of privacy of staff and volunteers.

## **II. Definitions:**

- A. For the purposes of this policy, "child" and "children" means those of less than 18 years of age.
- B. Sexual misconduct is the comprehensive term used in this policy to include: sexual abuse or exploitation of children, rape or sexual assault, sexual harassment, verbal, emotional and/or spiritual abuse. Sexual misconduct is an abuse of authority and power, breaching Christian ethical principles by misusing a trust relationship to gain advantage over another for personal gratification. Such behavior is not limited to physical contact, but may also include gestures, spoken words, or written contact, including texting, social media, and e-mails, or non-verbal harassment.
- C. Types of abuse that involve touching include: fondling; oral, genital, and anal penetration; intercourse; rape.
- D. Types of abuse that do not involve touching include: verbal comments, pornographic materials, obscene phone calls, cyber bullying, sexting, allowing children to witness sexual activity, inappropriate text messaging or e-mail communications (social media).
- E. Sexual abuse or misconduct includes unwelcome touching or non-touching interaction for the purposes of sexual stimulation among/by adults, youth, children, whether this involves staff members, lay leaders, members and/or those not members but are active in the life of the congregation. Sexual abuse or misconduct also includes any act that involves the sexual molestation, exploitation of a child by any party or other person who has permanent or temporary care.
- F. Child sexual abuse or misconduct includes touching or non-touching interaction for the purpose of sexual stimulation between a child and an adult. This behavior is always considered forced when the interaction involves a child and an adult, whether or not the victim has consented. This is also true in the case of any non-minor who is incapable of appraising the nature of the conduct or communicating unwillingness to be subject to unwelcome sexual interaction.

- G. Physical abuse is any physical injury to a child that is not accidental, such as beating, shaking, burns, and biting.
- H. Emotional abuse includes but is not limited to constant criticism, belittling, persistent teasing, and bullying.
- I. Neglect includes depriving a child of his or her essential needs, such as adequate food, water, shelter, and medical care.

### **III. Standards of Conduct**

Paid or volunteer adults shall not touch or interact with children or youth in any way that is sexually stimulating, emotionally demeaning, or exploitative. Common expressions of affection and affirmation (hugs and pats on the back) or physical care (diaper changes or first aid) are appropriate in this or any community of caring Christians. Staff and volunteers must be careful that physical expressions of affection are not excessive or imposed upon another individual.

Paid and volunteer adults and youth working with children and youth are also tasked with guarding the physical and emotional safety of those in their care and to be aware of signs indicating neglect of the child's well-being.

We recognize that there may be times when it is necessary or desirable for babysitters (paid or volunteer) who are themselves under age 18 to assist in caring for children during programs or activities. However, only women 18 years or older may assist children to the bathroom. The following guidelines apply to teenage workers:

- Must be at least age 14
- Must be screened to include completing the church's Volunteer form (must provide two non-family references)
- Must be under the supervision of an adult and must never be left alone with children
- Must complete in-service training on Child Protection Policy

Check-in/Check-out Procedures – Children participating in Sunday School, utilizing the nursery or the preschool will adhere to the church check-in/check-out policy procedures. In the event attendants/teachers are not present when checking in a child, parents/guardians will not leave their child unattended. While children are in the church's care, parents/guardian are not to leave church grounds unless it is to participate in a church sanctioned event. It is the responsibility of the parent/guardian to ensure that their children are properly supervised while on church property. Parents/guardians of children attending Little Hand Preschool are not required to remain on church premises while classes are in session.

Unattended Children in a Vehicle - Virginia does not have a law governing children left unattended in a vehicle. In the absence of a state law, the following applies; "a parent/guardian who is charged with the care of a child under the age of eight years may not allow the child to be locked in a motor vehicle out of sight of them unless they provide a reliable person at least 13 years old to remain with the child to protect the child.

A minimum of two unrelated adult workers will be in attendance at all times when children are being supervised during church programs and activities. We do not allow minors to be alone with one adult on church premises or in any sponsored activity unless in a counseling situation or church officer training.

When it comes to younger children, proper staff-to-child ratios are extremely important. The below listed ratios are the minimum to be maintained with increased number of adult supervisors encouraged. In the event of an emergency, the minimum adult-to-child ratio may be waived. Emergency is defined as a serious unexpected and often dangerous situation requiring immediate action.

Children's Age	Adult-to-Child Ratios
2 weeks to 2 years	1:4
30 months	2:6
3 years	2:8
4 years	2:12
5 years and up	1:15

Classroom doors should remain closed when children are in the room. Doors without windows should not be used for any activities involving children. Doors should never be locked while persons are inside the room.

Any area of the Church that is used for a nursery or toddler care will be inspected on a regular basis (Sexton, Children's Ministry Elder, and Little Hands Preschool Director) to identify hazards. Potential hazards may require the modification of an area in order to provide children with the safest and most secure environment possible. This may include the installation of windows on doors to provide a clear view of children in a room, exterior or closet doors kept locked, windows kept securely lock, or placing protective covers on electrical outlets.

Playground Safety - The playground has been designated for children attending the Little Hands Preschool only. Without adequate supervision, even playgrounds that are designed, installed, and maintained in accordance with safety guidelines and standards can still impose hazards to children. Supervisors can be paid employees, volunteers, or even parents. To adequately supervise a playground, all supervisors should be trained on the following:

- The hazards associated with the different types of playground equipment provided.
- Age-appropriateness of playground equipment.
- Strangulation or entrapment hazards for children on the playground, including scarves, jackets, or sweatshirts with hoods or drawstrings, connected mittens or gloves, jewelry, and bicycle helmets.
- The church's procedures regarding how to handle emergencies, such as how to appropriately handle a playground injury that would require medical attention.

If young people are allowed to participate in a recreational activity, it is essential to always have an adequate number of adults on hand to provide supervision. At a minimum, two unrelated adults will supervise every group. If the group is larger, there should be an appropriate adult-to-youth ratio to provide adequate supervision. In the event of injury, at least two adult supervisors will be needed to help ensure that the appropriate actions are taken immediately. It will take at least one adult to provide first aid and call for help while other adults supervise the remainder of the group.

#### **IV. Implementation**

To implement this Child Protection Policy (CPP); All employees or volunteers as described in paragraph two below involved with any activity involving a minor (Anyone under the age of 18) are required to sign the following FUPCDC provided forms: (1) Employment Background Check Disclosure and Authorization, (2) a Summary of Rights under the Fair Credit Reporting Act (FCRA), (3) Children and Youth Work Application for Employees (Appendix A) and (4) Clearstar background checking services ([https://www.clearstar.net/#first\\_page](https://www.clearstar.net/#first_page)). Signature on forms certifies that the individual has read and understands document content. These forms are vendor specific and are maintained by the Office Manager. Forms are kept on file (7 years) that allows the church to request a criminal background check. Reports may contain, without limitation, all or some of the following types of information about an individual: credit history, social security number verification, address and alias history, personal references, professional references, employment history, educational history, licenses, certifications, motor vehicle records, driving records, criminal history, and civil court record history. The depth of a background check is based on the requirements of the position an individual is seeking. Adverse information uncovered or identified during the background check process is reviewed and managed by the Child Protection Policy (CPP) Review Team. Personnel fulfilling incidental volunteer positions (e.g., drivers supporting an event) will have reference checks conducted on them by the church office and will be required to follow the two-person rule when present around children. In addition to the criminal background check, two references will be required for all volunteers in a leadership position who have been known to the church or supervisors for less than six months. This information remains confidential and is destroyed in compliance with the church's Record Retention Policy.

Nationwide criminal background checks must be conducted on employees and volunteers. Regarding this requirement, a volunteer is anyone involved in a nursery, school, or overnight activity involving minors, chaperoning and/or transporting minors on an activity that is off site, counseling of minors, or one-on-one mentoring of minors. (This does not apply to parent volunteers under the supervision of someone currently with an approved background check.)

All volunteers must be involved with the church for at least six months before they can serve in any position involving direct contact with minors. All volunteers for ongoing assignments shall have completed an approved Volunteer Application Form (See Appendix B for details).

Applications will be submitted through the committee chair responsible for the program in which the volunteer wishes to participate. The completed application will be forwarded to



the CPP Review Team comprised of the Personnel Committee Elder, Finance and Administration Elder, Safety & Security Elder, Children's Ministry Elder, Little Hands Preschool Advisory Board Elder<sup>1</sup>, Clerk of Session, and the Pastor/Head-of-Staff for action. The Pastor/Head-of-Staff is designated as the CPP Review Team chairperson.

The purpose of background checks is to protect children and youth who are entrusted to the church's care and to preserve the mission and ministry of the organization. Criminal background checks will be performed on each applicant (whether for paid employment or as a volunteer) after the applicant has signed the authorization/waiver/indemnity for (Appendix F), and prior to being enlisted as an employee or volunteer.

The Office Manager shall receive the appropriate applications from the CPP Review Team and conduct the required background checks within a two-week time period. As a policy holder of GuideOne, the Church will utilize their Check & Protect program. The Check & Protect program provides access to many different checks, including multi-state, state criminal, state sexual offender, employment, and motor vehicle checks to name a few. In cases where extraordinarily circumstances may occur, an extension may be requested through the CPP Review Team.

If the person has offenses on his or her record, it is up to the CPP Review Team to decide whether the individual should be hired or allowed to serve as a volunteer. As a general rule, any negative findings resulting from the Check & Protect background check will result in the applicant or volunteer's disqualification for consideration of service.

Exceptions to this volunteer application policy may be made at the discretion of the Session or a body authorized by the Session to cover short-term involvement in children's activities such as service projects, Vacation Bible School, Sunday morning childcare, etc. In these cases, a new member will be paired with a vetted member or staff person.

Any information collected is to be kept confidential except to the person or committee making the selection. All background checks, records, and follow-ups will be kept confidential in the applicant's personal file.

Parents/guardians are required to complete the Activity Permission Form for Minors (Appendix G) and the Medical Release Form (Appendix F) to allow their child to participate in church sponsored activities. If photographs or video are to be taken of youth activities, The Elder responsible for the events must gain parent/guardian approval (Appendix I, Photo and Video Release Form) prior to publication. Youth participating in church sponsor youth events or mission trips are required to complete Appendix J, Covenant for FUPCDC Youth Activities signifying they will demonstrate respect for one another and adhere to behavioral guidelines.

Incidental Drivers - The FUPCDC requires that all drivers (paid staff and volunteers) have been screened and meet specific criteria if they will be doing any of the following: 1) Driving any vehicle (including personal or rented) in conjunction with any church sanctioned event (including small groups and mission trips) where any passenger is under 18 years of age or is an Access adult participant. 2) Being a minimum of 25 years of age. 3) Driving any vehicle owned, rented or leased by FUPCDC.

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<sup>1</sup> Little Hands Preschool Advisory Board Elder only participates in matters concerning the Little Hands Preschool

In keeping with the church's responsibility to provide safe and responsible drivers, we must qualify each staff and volunteer driver that falls into one of the two activities listed above before they drive on behalf of FUPCDC. In order to drive for FUPCDC, the following criteria must be met:

In the previous 5 years, drivers may not have more than the following violations

- No more than two (2) Minor Violations (speeding 1-10 miles over posted speed limit, failure to follow sign instructions, and other such violations, and no at-fault accidents (e.g., violations receiving 2-4 points each in Virginia); OR
- No more than one (1) Moderate Violation (speeding 11-19 miles above posted speed limit, failure to yield or stop, and other such violations, and no at-fault accidents (e.g., violations receiving 6 points in Virginia).

Drivers will be disqualified if in the previous 3 years they have had a violation for speeding 20 or more miles above the posted speed limit, reckless driving, or other such violations, or have been ticketed for an at-fault accident.

All drivers must have a life-style that does not demonstrate alcohol or drug abuse. Drivers will be disqualified if in the previous 3 years they have had a violation for driving under the influence of alcohol or drugs.

## **V. Administration**

The FUPCDC's CPP Review Team is responsible for the oversight and security of the program. All documentation associated with the CPP and volunteer applications, and all documentation concerning potential allegations of physical or emotional abuse or neglect will be held in confidence by the CPP Review Team and the staff person responsible for the program area involved.

All documentation will be kept in locked storage in the Pastor's office and applications will be retained for a 7-year period past the active service of the volunteer. The rules of confidentiality outlined in the Personnel Policy are to be strictly enforced in the administration of the CPP.

The CPP Review Team is responsible for the review and subsequent approval or disapproval of each volunteer application. Upon completion of each application review and criminal background checks, the CPP Review Team will first notify the applicant of its decision and subsequently notify the affected Elder committee chair. If the CPP Review Team disapproves an application, a decision will be made to determine if any additional actions are necessary beyond notification to the applicant and the committee chair.

## **VI. Member Awareness**

The CPP and volunteer application will be made available to the congregation on the FUPCDC web site once the policy has been approved by the Session, and an electronic copy/link provided annually in the church newsletter.

The congregation will be informed and reminded of this policy at the annual congregational meeting. The Clerk of Session will be responsible for ensuring it is placed on the meeting's agenda.

The CPP statement and application will be provided to all participants in each new member's class.

All volunteers (as defined in the implementation section) will be required to complete designated forms as well as provide a signed Child Protection statement for the FUPCDC files. All volunteers are required to review their CPP statements every two years (Names ending in A-M on even numbered years, N-Z on odd numbered years). A review of the intentions of the CPP will be a part of annual teacher training sessions staffed by the Children's Ministry Elder or Little Hands Preschool Advisory Board Elder.

Child Protection Training - Semi-annual CPP training is conducted in the fall (September/October) and spring (April/May/June). Training sessions are two hours in length and consist of a 20-minute video (link to be provided by Children's Ministry Elder) followed by classroom instruction covering the FUPDC CPP. Additional non-church sponsored child protection training may be acceptable substitute if it is compliant with the church's insurance carrier requirements and has been approved by the Session. The Scouts Youth Protection Training is an example of an approved substitute child protection training program.

## **VII. Procedures for Handling Misconduct Allegations**

The issues of sexual and/or emotional abuse or neglect involving a minor, whether perceived or actual, will be dealt with immediately, effectively, and with great discretion in accordance with Appendix D and E. Virginia law requires that allegations of abuse or neglect of children be reported immediately to proper authorities. In Prince William County that report is made to Child Protection Services at 703-792-4200. It is the responsibility of the Pastor and/or CPP Review Team to see that such report has been made. In cases of alleged abuse or neglect of a child, the Pastor or his/her designee will verify that Child Protective Services has been notified, notify CPP Review Team members, and ensure written documentation (Appendix D) of the allegations and proceedings are maintained. The Finance and Administration Elder will contact and involve FUPCDC's liability carrier.

The intended procedure is to report any allegation of abuse or neglect to the Pastor/ CPP Review Team. If the alleged offender is a professional staff member, the report should be made to the Pastor. In the specific case of the complaint being made against any ordained minister, the Clerk of Session should notify the General Presbyter and Stated Clerk of National Capital Presbytery and request guidance on the procedure to be followed in processing the allegation and obtaining a Moderator for the Session. The Pastor shall also notify the General Presbyter and Stated Clerk if allegations have been raised against a member or non-ordained staff person.

The CPP Chairperson (Pastor/Head-of-Staff) will be responsible for maintaining contact with the police, the victim's family and for determining further actions in consultation with the session.

## **VIII. Background Check Renewal**

After an initial background check has been completed, it is updated every 36 months during the individuals' tenure with FUPCDC. However, individuals supporting children's

activities are conducted every two years. Adverse information uncovered or identified during the renewal process is reviewed and managed by the Child Protection Policy Review Team per Section V Administration.

Once an initial background check has been conducted with no findings, volunteers/employees are required to sign the Children and Youth Work Application Recertification (Appendix C) form on an annual basis certifying their Children and Youth Work application remains true and correct to the best of their knowledge.

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**Appendix A: Children and Youth Work Application for Employees**

Form date: \_\_\_\_\_

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

H/W/C telephone: (Primary)

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address \_\_\_\_\_

Street

city

zip code

Email address: \_\_\_\_\_

Respond to all questions below that apply to the position for which you are applying/volunteering.

Position applying/volunteering for: 1) Nursery \_\_\_\_\_  
2) Children's Ministry \_\_\_\_\_  
3) Youth Ministry \_\_\_\_\_  
4) Little Hands Pre-School \_\_\_\_\_

When are you available to work? \_\_\_\_\_

Do you have a valid driver's license: Yes \_\_\_\_\_ No \_\_\_\_\_

License number: \_\_\_\_\_ State issued: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_

Do you have a commercial driver's license: Yes \_\_\_\_\_ No \_\_\_\_\_

License number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_

Current employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Previous employers (within last five years):

Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Is there any reason you should NOT work with or around children or youth? \_\_\_\_\_

Have you ever been the subject of a child abuse investigation? \_\_\_\_\_

If yes, provide details:

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

Have you ever been convicted of or pleaded guilty to a criminal offense? \_\_\_\_\_

If yes, provide details:

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

List educational background:

Name	Graduate Yes/No	Year	Degree or course of study
High School: _____	_____	_____	_____
College: _____	_____	_____	_____
Other: _____	_____	_____	_____

Provide the following church information:

What, if any church affiliation do you have currently? \_\_\_\_\_

How long have you attended that church? \_\_\_\_\_ Are you a member? \_\_\_\_\_

List other churches with which you have affiliated:

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

Have you ever worked with youth or children? \_\_\_\_\_ List where:

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

List two references (must be of a business or organizational nature, no family members):

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Years known each other: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Years known each other: \_\_\_\_\_

I hereby give permission to make a thorough investigation of my past employment, education, and background; and release from liability all persons, companies, or corporations supplying such information. I also release the church from any liability that might result from making such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered sufficient cause for denial or discharge. I also understand that failure to report changes to information provided may result in discharge from participation in church sponsored youth activities.

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

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Appendix B: Volunteer Application

Form date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip Code

Email address: \_\_\_\_\_

Respond to all questions below that apply to the position for which you are volunteering.

Position applying/volunteering for: 1) Nursery \_\_\_\_\_  
2) Children's Ministry \_\_\_\_\_  
3) Youth Ministry \_\_\_\_\_  
4) Little Hands Pre-School \_\_\_\_\_

When are you available to volunteer? \_\_\_\_\_

Volunteer Drivers Only

Do you have a valid driver's license: Yes \_\_\_\_\_ No \_\_\_\_\_

License number: \_\_\_\_\_ State issued: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_

Do you have a commercial driver's license: Yes \_\_\_\_\_ No \_\_\_\_\_

License number: \_\_\_\_\_ State issued: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Insurance carrier: \_\_\_\_\_

Current employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Provide the following church information:

Are you a member of this FUPCDC? \_\_\_\_\_

If so, how long have you been a member? \_\_\_\_\_

If not, how long have you attended? \_\_\_\_\_



How else have you served or supported events at FUPCDC?

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Have you ever worked with youth or children? \_\_\_\_\_ List where:

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List two references (must be of a business/organizational nature, Youth – no references from family members):

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Years known each other: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Years known each other: \_\_\_\_\_

I hereby give permission to conduct a background investigation and release from liability all persons, companies, or corporations supplying such information. I also release the church from any liability that might result from making such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered sufficient cause for denial of application. I also understand that failure to report changes to information provided may result in discharge from participation in church sponsored youth activities.

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

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**Appendix C: Children and Youth Work Application Recertification  
for  
FUPCDC Volunteers and Employees**

I certify, that I have read FUPCDC's Child Protection Policy and understand all provision contained within. Furthermore, I certify that the information provided in my Children and Youth Work application remains true and correct to the best of my knowledge. I also understand that failure to report changes to information provided may result in discharge from participation in church sponsored youth activities.

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

**Appendix D: Reducing the Risk Application Checklist**

(to be Completed by Clergy/Professional Staff Persons)

In the case of an allegation of child/youth sexual abuse, the volunteer or clergy staff person who observes or to whom the information is given is required by FUPCDC and by the state law to complete the tasks listed below. Date and initial as each step is completed.

Date: _____	Initial: _____	1. For clergy and paid professional staff: remove the accused from the situation and suspend the accused from duties involving children/youth.
Date: _____	Initial: _____	For volunteers: Remove the accused from the situation and immediately notify the closest available clergy/professional staff person who will suspend the accused. If the clergy/professional staff person to whom the allegation is reported is not the point of contact, the person reporting will inform the him/her as soon as possible.
Date: _____	Initial: _____	2. Make written documentation of everything done and said. If the person reporting the allegation is a volunteer, both the volunteer and the clergy/professional staff to whom the volunteer has reported will document the procedures taken.

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

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

The procedures after this point will be administered by ministerial staff persons only.

Date: _____	Initial: _____	3. Immediately notify the parents/guardians of the alleged victim and respond to their questions and concerns.
Date: _____	Initial: _____	4. Immediately notify Prince William County Child Protective Service 703 -792-4200 or after 5 PM and on weekends Prince William County Child Protective Service (Police) 703-792-6500. Failure to report any suspected, alleged or witnessed abuse is a crime.
Date: _____	Initial: _____	5. Immediately notify the Head-of-Staff.
Date: _____	Initial: _____	6. Make written documentation of persons contacted and action taken to this point.
Date: _____	Initial: _____	7. The clergy/professional staff person will immediately notify the Stated Clerk of National Capital Presbytery 240-482-1563 and the Stated Clerk of FUPCDC.

Date: _____	Initial: _____	a. Notify the insurance carrier of the incident immediately and comply with its investigation, if any;
Date: _____	Initial: _____	b. Cooperate with legal and state authorities in their investigations, if any;
Date: _____	Initial: _____	c. Prepare a written statement and designate a spokesperson to respond to media inquiries;
Date: _____	Initial: _____	d. Provide assistance to the alleged victim and his/her family in obtaining counseling or referral to a mental health professional, if needed;
Date: _____	Initial: _____	e. Respond to 'the needs of the families of the alleged victim and the accused to seek a redemptive solution for all involved;
Date: _____	Initial: _____	f. Inform the affected volunteer(s) and paid staff members of the need for confidentiality, and;
Date: _____	Initial: _____	g. Consider and respond to the concerns of other parents.
Date: _____	Initial: _____	8. The director of the affected ministerial area will respond to the Pastoral care concerns of persons within the department.
Date: _____	Initial: _____	9. Within five (5) days of the alleged abuse, the clergy/professional staff person who made the original report will prepare a written report and send one copy to the Head-of-Staff and one copy to the Stated Clerk of FUPCDC.
Date: _____	Initial: _____	10. Make written documentation of persons contacted and action taken.
Date: _____	Initial: _____	11. Provide press release to media. See Church Media Policy for guidance.

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

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

**Other comments** *(record on the back)*

**Appendix E: Incident Report Form**

First United Presbyterian Church of Dale City

14391 Minnieville Road, Woodbridge, VA, 22193

(Use back of form if more space is needed. Use 1 form per person involved.)

Name of person(s) injured/incident \_\_\_\_\_ M or F DOB \_\_\_\_\_

Parent/Guardian Name(s), if child \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

**Nature and Circumstances of the Accident/Incident**

- :
- Date \_\_\_\_\_ Time \_\_\_\_\_ AM or PM
- Describe the situation
  
- Action taken (describe)

**Parent or another person contacted**      Yes      No

Who \_\_\_\_\_

How? \_\_\_\_\_

When? \_\_\_\_\_

If no contact made, why? \_\_\_\_\_

**Witness to accident/incident**      Yes      No

If yes, provide contact information (use back of form if there is more than one witness)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

**Video or pictures of incident**                      Yes              No

If yes, attach or indicate how can it be obtained

**Other comments** (*record on the back*)

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Printed name of person completing form

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

A copy of this report has been sent given to the Pastor to keep on file.

**Appendix F: Activity Participation Agreement**

First United Presbyterian Church of Dale City

14391 Minnieville Road, Woodbridge, VA, 22193

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time of departure from church: \_\_\_\_\_ Approximate time of return to church: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Recommended clothing and/or equipment: \_\_\_\_\_

Cost: \_\_\_\_\_ Supplemental waiver required by activity: Yes/No

Site: \_\_\_\_\_

**Return this portion to church office. Keep top portion for your information.**

I, \_\_\_\_\_ hereby certify that I am freely and voluntarily participating in \_\_\_\_\_ (name of activity) on \_\_\_\_\_ (date of activity). I understand that special activities have inherent risks. I voluntarily assume all risks arising out of, relating to, and associated with my participation in the stated activity. Accordingly, I will hold harmless First United Presbyterian Church of Dale City, its officers, employees, insurer, and those supervising the stated activity from any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of, or relating to my participation in the stated activity, whether due to negligence, mistake or other action or inaction. I expressly assume the responsibility that I am properly prepared for all activities, including having proper clothes and equipment, being in good health and willing and able to participate in activities, and willing to abide by PPC policies and follow directions of the supervising persons. I understand that reasonable measures will be taken to safeguard the health and safety of all participants.

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

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



**Appendix G: Activity Permission Form for Minors**

First United Presbyterian Church of Dale City

14391 Minnieville Road, Woodbridge, VA, 22193

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Time of departure from church: \_\_\_\_\_ Approximate time of return to church: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Recommended clothing and/or equipment: \_\_\_\_\_

\*Cost: \_\_\_\_\_ Supplemental waiver required by activity site: \_\_\_\_\_

\*Scholarships to cover part or all of the cost are available. Contact a member of the pastoral staff to request a scholarship. All requests will be kept confidential.

**Return this portion of the form with your child. Keep top portion for your information.**

I, \_\_\_\_\_ (parent/ guardian's name) as the parent or legal guardian of \_\_\_\_\_ (child's name) hereby give my full consent and permission for him/ her to participate in \_\_\_\_\_ (name of activity) on \_\_\_\_\_ (date of activity). I understand that special activities have inherent risks. I voluntarily assume all risks arising out of, relating to, and associated with his/her participation in the stated activity. Accordingly, I will hold harmless First United Presbyterian Church of Dale City, its officers, employees, insurer, and those supervising the stated activity from any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of, or relating to my child's participation in the stated activity, whether due to negligence, mistake or other action or inaction. I expressly assume the responsibility that my child is properly prepared for all activities, including having proper clothes and equipment, being in good health and willing and able to participate in activities, and willing to abide by PPC policies and follow directions of the supervising adults. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting my child, or if my child is not well or is unable to function in the special activity.

Name of Parent/Legal Guardian:  
\_\_\_\_\_

Signature of Parent/Legal Guardian of Participant: \_\_\_\_\_ Date:  
\_\_\_\_\_

Check this box to verify that the participant above has a current school year, signed Medical Release Form on file at First United Presbyterian Church of Dale City.

Children and youth may not attend if a Medical Release Form is not on file. Outside organizations who maintain their participants medical records may provide a roster signed by an authorized representative signifying that they have medical coverage. Please notify the church if there have been any changes in your child's medical information.

Phone number(s) where you can be reached during the hours of this activity:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**Appendix H: Medical Release Form**

First United Presbyterian Church of Dale City

14391 Minnieville Road, Woodbridge, VA, 22193

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Home Address, City, State, Zip: \_\_\_\_\_

Mother/Legal Guardian Name: \_\_\_\_\_

Mother/Legal Guardian Cell Phone #: \_\_\_\_\_

Father/Legal Guardian's Name: \_\_\_\_\_

Father/Legal Guardian's Cell Phone #: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please attach a copy of both the front and back of the health insurance card.

**Person to contact in case of emergency when parents cannot be reached:**

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

Home phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Participant's known allergies, including medicine or food allergies: \_\_\_\_\_

Does your child/ youth carry an epi-pen? Yes \_\_\_\_\_ No \_\_\_\_\_

May FUPCDC leadership give/administer your child/youth their epi-pen if deemed necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Participant has the following medical concerns of which adult supervisors should be aware (motion sickness, diabetes, seizure disorders, etc.): \_\_\_\_\_

Please list any medicines participant takes on a regular basis: \_\_\_\_\_

May FUPCDC leadership give your child/ youth over the counter medications such as ibuprofen, acetaminophen, diaper rash cream, or sunscreen? May FUPCDC leadership administer prescription medications? Yes \_\_\_\_\_ No \_\_\_\_\_. Date of participant's last tetanus shot: \_\_\_\_\_. If the yes box is checked, provide list of medications to be

used. All medications shall be in their original container with a prescription from a doctor.

Name of primary care physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Physician's Address, City, State, Zip: \_\_\_\_\_

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**Physician And/ Or Hospital Permission Statement**

I consent to first aid or emergency treatment of my son/daughter, \_\_\_\_\_, including admittance to the nearest physician and/or hospital for medical treatment, the use of x-rays or other diagnostic procedures, and the administration of medications, if the need should arise while my son/ daughter is engaged in a First United Presbyterian Church of Dale City sponsored activity or trip and/or the supervising staff or volunteers of First United Presbyterian Church of Dale City deem it necessary. I consent to pay for any and all related medical and hospital expense associated with such first aid and emergency medical treatment. I further represent and warrant that my son/ daughter has adequate medical, health and/or other insurance coverage for participation. The physician and/or hospital will use this permission statement as authority to administer medication and/or treat my son/ daughter, \_\_\_\_\_, if necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**Appendix I: Photo and Video Release Form**

First United Presbyterian Church of Dale City

14391 Minnieville Road, Woodbridge, VA, 22193

I hereby grant to and assign First United Presbyterian Church of Dale City and its employees the right to photograph and/or video record my child(ren) and use the photos, videos, and or other digital reproductions of him/her for publication, whether electronic, print, or digital.

Name(s) of Child(ren):

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

I certify that I am a parent  or guardian .

Signature of Parent or Guardian: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Address and home/cell number:

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

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

## Appendix J: Covenant for FUPCDC Youth Activities

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Participant's Name

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Home/Cell Phone #

Our expectation at First United Presbyterian Church of Dale City youth events and mission trips is that ALL participants will demonstrate respect for one another. This means that youth and adults alike will seek out Christ's example in their actions, thoughts, and everything they say.

As a participant, I promise to uphold this covenant with other members and will abide by the following guidelines:

- I will participate in all activities.
- I will come with a positive attitude.
- I will arrive and leave on time.
- I will remain in the designated areas and will not leave the event, unless excused by my adult leaders.
- I will report any injury to an adult leader.
- I will treat all equipment with respect.
- I will refrain from using profanity or any language that may be demeaning to others.
- I will refrain from all uses of alcohol, tobacco and other illegal substances. All activities are non-smoking for youth and adults.
- I will respect the privacy of others and not engage in any inappropriate displays of affection.

I recognize that if I choose to ignore any of the above guidelines, I will be asked to leave the event immediately. If I am a youth, I recognize that my parents will be called to take me home.

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Participant's Signature

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Date