

# Fellowship Church Lubbock

## Children/Youth Ministry Policy and Procedures



Fellowship Church Lubbock's Children and Youth Ministry is dedicated to providing a safe and secure environment for both children/youth and those participating in the ministry activities. We also seek to minimize any vulnerability to unwarranted accusations of improper behavior that our organization, volunteers, and employees may experience as they fulfill their ministerial duties. To fulfill these commitments as fully as possible, our leadership team has adopted the following procedures to be used, without exception, when selecting ministry volunteers and new employees.

### **1.0 Volunteer Screening Procedures**

(1.1) All candidates seeking a volunteer position that involves working with children, youth, or disabled adults will complete and return an initial ministry application.

(1.2) After reviewing the application form, and the individual is considered an appropriate candidate for the ministry position, FCL's staff and pastors will conduct a criminal background check through a state law enforcement agency or other provider of such services.

(1.3) The pastor and designated leader(s) will carefully review the application, and store all application materials in a secure location. The application materials consist of the application form and background checks.

(1.4) When indicated by the application process, volunteer candidates who pose a threat to others, or have a prior history of physical or sexual abuse directed against another person, will be removed immediately from consideration for ministry positions anywhere within our organization.

(1.5) The same procedures listed above apply to both volunteers and employees of Fellowship Church Lubbock, regardless of the ministry position for which they are being considered.

### **2.0 Qualifications for Volunteering**

(2.1) All volunteer candidates wanting to volunteer to work in the Children and Youth Ministry (excluding any teaching, or group leading) must be regularly and actively involved in Fellowship Church Lubbock for a minimum of 3 months before they can be considered for any ministry position involving contact with children and/or youth.

(2.2) Each volunteer candidate wanting to work in the Children and Youth Ministry as a leader or teacher must be a member of the church (including having attended the Covenant Membership Class).

### **3.0 Supervision**

(3.1) At least two volunteers or leaders, one of whom must be a screened adult (21+ yrs. old), must be present at every function, in each classroom, in any enclosed area during all children's and youth activities. For larger groups, the number of adult supervisors must be increased at the ministry leader's discretion.

(3.2) Two or more adults must be assigned to monitor children's and youth activities in areas outside the location of a ministry service or event that is in progress.

(3.3) Workers should arrive at least 10 minutes before a scheduled activity. They must remain in their assigned post until all people in their care have been picked up by an authorized person. No children or youth should be released to find their parents or wait unattended for transportation.

### **4.0 Counseling and Worker Restrictions**

(4.1) When volunteers or employees meet with individuals (children and youth) for spiritual and/or emotional counseling, FCL encourages team counseling by two screened adults. If only one screened volunteer or employee conducts the counseling session, it should be conducted in a room with a window in the door, or the door should be left opened or partially open.

(4.2) Any volunteer or employee conducting spiritual and emotional counseling outside of the church building must do so in a well-populated and public area.

(4.3) All continuing counseling sessions (2 or more) will require permission from the minor's parents and/or guardians (preferably written) and the permission of the ministry's leader or a pastor of Fellowship Church Lubbock.

(4.4) Children age 10 and younger should be assisted to and from the bathroom.

(4.5) Children age 5 and younger should be assisted as needed in the restroom by an adult female.

(4.6) Never touch a person's private areas except when necessary, as in the case of changing a diaper.

(4.7) Volunteers should avoid the appearance of impropriety – such as sitting older children on their lap, kissing, or embracing others, etc.

(4.8) Volunteers are to release children in their care only to parents, guardians, or persons specifically authorized to pick up the child.

### **5.0 Discipline**

(5.1) Volunteers are never to spank, hit, grab, shake or otherwise physically discipline anyone. Only in the case of preventing an individual from physically harming himself or another individual should physical restraint be used, if necessary.

(5.2) If a child (5<sup>th</sup> grade or younger, 11 yrs old or younger) is found being disobedient and causing problems, the volunteer(s) should place the child in time-out. The child is NOT to be humiliated or mocked by any adult present. If time-out is not working, then the volunteer(s) will request the presence of the child's parent or guardian to handle the situation. If the problem continues, the parent or guardian will be asked to remove their child from the room.

(5.3) If a youth (6<sup>th</sup> grade or older, approx. 12 yrs. old or older) is found to be disruptive and disobedient, the volunteer(s) will remove the youth from the room, or activity, and ask the youth to be more respectful of others and the purpose of the activity.

If the problems persist, then the volunteer and the youth will involve the ministry leader for further discipline, possibly be removed from the activity.

(5.4) All disciplinary problems should be reported to the ministry leader/pastor/coordinator/supervisor and to the parent or guardian of the child/youth.

### **6.0 Injuries and Illness**

(6.1) Persons who are ill (with a fever, or a communicable disease that can be transmitted by cough, sneeze, touch, etc.) will not be permitted to participate in any ministry activity.

(6.2) Children and Youth will be returned to their parent or guardian as soon as the illness is discovered.

(6.3) Volunteers will take reasonable steps to avoid contact with blood, saliva and other bodily fluids.

(6.4) Ministry leaders/pastors should be made aware of an injury to a volunteer or participant immediately. The leader/pastor will take steps to ensure that proper medical attention is given to the injured person and provide for continued monitoring of the remaining activity participants.

(6.5) Persons who have an obviously minor injury should be given first aid as needed at the time of injury. The individual's parents or guardians should be notified of the injury when they pick up the injured person.

(6.6) Any injury that may require medical treatment beyond simple first aid should be given immediate attention. The parents or guardians of the injured person should be notified immediately, along with the ministry's leader/pastor. If warranted by the injury, emergency medical personnel should be contacted as soon as possible.

(6.7) Volunteers and leaders should prepare a written Notice of Injury report whenever an injury occurs during a ministry function. Promptly forward the incident report to the ministry coordinator or supervisor.

### **7.0 Notice of Injury, Abuse, or Molestation**

(7.1) Any volunteer or leader who becomes aware of any injury, abuse or molestation connected with a ministry activity must immediately inform a pastor. The pastor will then take the appropriate measures for the situation.

(7.2) Ministry leaders/pastors who become aware of possible abuse or molestation of a participant must ensure that the participant's parent or guardian is immediately informed that possible injury, abuse or molestation has occurred. The ministry leader/pastor also will ensure that the proper authorities are contacted. An attorney may be contacted within 48 hours to provide a legal opinion as to what should take place.

(7.3) The pastor must promptly notify our ministry's insurance carrier (general or professional liability insurance) upon notice of injury, abuse or molestation, and notify the Executive Pastor (if not involved at this point).

(7.4) If a leader or volunteer suspects injury, abuse or molestation of a participant by a parent or guardian, a pastor must be notified immediately. The pastor will take the steps outlined above.

### **8.0 Violation of Policy or Procedures**

(8.1) Volunteers and leaders must promptly notify their ministry coordinator or supervisor when they or others violate the procedures mandated by this policy.

(8.2) Ministry leaders and pastors who become aware of a violation of the procedures set by this policy are required to take all necessary steps to ensure future compliance with them. In the process of ensuring compliance with this policy, it may become necessary to remove workers from their positions.

### **9.0 Internal Investigation**

(9.1) This ministry organization considers any allegation of abuse or molestation a serious matter. Each situation will be fully investigated by ministry leaders/pastors, always with the assistance of legal counsel and law enforcement authorities.

(9.2) Volunteer subjects of any investigation will be removed from their positions pending completion of the investigation.

(9.3) The Ministry will permanently remove any volunteers or leaders from their ministerial duties within the organization if they are found guilty of abuse or molestation.

### **10.0 Annual Review**

(10.1) Each year, we will conduct a review meeting. At this time, the procedures mandated by this policy will be reviewed with all volunteers, leaders and pastors, and the leadership of the organization.

(10.2) All volunteers working in any capacity with children and/or youth will complete a brief renewal application annually, which includes a background check.

(10.3) Should the renewal application indicate that any employees or volunteers have become unsuitable for working with children and/or youth, they will be removed immediately from their current position. They will not be considered for position involving work with similar groups.

### **Revision of Policy and Procedure**

The pastors, with the oversight of the Elders, will regularly review this policy and the procedures within it. If necessary, the policies and the procedures will be modified in accordance with the bylaws of the organization. When changes are made, ministry leaders/pastors will communicate them to all employees and volunteers affected by the policy changes.

*Last Updated: Thursday, October 20, 2011*

Fellowship Church Lubbock  
Children's/Youth Work Application



**WORKER ANNUAL RENEWAL APPLICATION**  
Volunteers and Workers

Name: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: *21 or younger*      *21 or older*      Ministry Interested: *Babies/Toddlers*      *KidZ*      *Youth*

What other ministries, in the church, are involved in (Management Team, Band, etc.)? \_\_\_\_\_

**Have you, at any time, ever:**

- |  |     |    |
|--|-----|----|
| • Been arrested for any reason?  | YES | NO |
| • Ever been convicted of, pleaded guilty to, or no contest, to any criminal offense of any kind? | YES | NO |
| • Engaged in, or been accused of, any child molestation, exploitation, or abuse?                 | YES | NO |

**Are you aware of:**

- |  |     |    |
|--|-----|----|
| • Any traits or tendencies that you possess that could pose any threat to children or youth? | YES | NO |
| • Any reason why you should not work with children, youth, or others?                        | YES | NO |

If you answered "YES" to any of these questions, please explain in detail: \_\_\_\_\_

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**Worker Renewal Work Verification and Release: Volunteers and Employees**

I recognize that Fellowship Church Lubbock is relying on the accuracy of the information I provide on the Worker Annual Renewal application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I voluntarily release the organization and any such person or entity listed on the Worker Annual Renewal application form from liability involving the communication of information relating to my background or qualification. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of the organization, and to protect the health and safety of the children of youth assigned to my care or supervision at all times.

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

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

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



# Fellowship Church Lubbock Children's/Youth Injury Report

<b>Organization and Ministry</b>	<p><b>Name:</b> <i>Fellowship Church Lubbock</i> 6104 45<sup>th</sup> Street Suite B Lubbock, TX 79407</p> <p><b>Ministry in which incident occurred (circle one):</b>  <i>Babies (newborn-1yr)</i>    <i>Toddlers (1-3yr)</i>    <i>Children (3-5yr)</i>  <i>KidZ (kindergarten-5<sup>th</sup> grade)</i>    <i>Youth (6<sup>th</sup>-12<sup>th</sup> grade)</i></p>
<b>Time and Place of Injury</b>	<p><b>Date of Injury:</b> _____ <b>Time:</b> _____ AM PM</p> <p><b>Where did the injury occur (specific place):</b> _____</p> <p>_____</p>
<b>Information About Person Injured</b>	<p><b>Name:</b> _____ <b>Age:</b> _____</p> <p><b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____</p> <p><b>Name of parents/guardians:</b> _____</p> <p><b>During what activity or operation did the injury take place (Sunday Nursery, Youth Camp, etc.):</b></p> <p>_____</p> <p><b>Please explain (in detail) the injuries sustained:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>Has the parents/guardians been informed of the injury, yet:</b>    YES    NO</p> <p><b>If "YES," who informed the parents/guardians of the injury:</b> _____</p> <p><b>What is the relationship of the injured person to the church:</b></p> <p><i>Member</i>    <i>Visitor</i>    <i>Volunteer</i>    <i>Employee</i>    <i>Other:</i> _____</p> <p><b>Who was the adult supervisor (volunteer/leaders) at the time of the injury:</b> _____</p> <p><b>Does the injured party have personal medical insurance that could apply?</b>    YES    NO</p> <p><b>Name of Medical Insurance Company:</b> _____</p>
<b>Witnesses</b>	<p><b>Witness #1 Name:</b> _____ <b>Witness #2 Name:</b> _____</p> <p><b>Address:</b> _____ <b>Address:</b> _____</p> <p>_____</p> <p>_____</p>

By signing below, you attest and affirm to the best of your knowledge that the information you have provided above is absolutely true and correct. You also attest that you were directly involved with, or a witness to the event (injury) that took place.

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

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