

## Child and Youth Protection Policy Frazer Memorial United Methodist Church

In order to provide a safe and fulfilling environment for children and youth attending Frazer Memorial United Methodist Church, the following policy has been established.

Volunteers and employees working with children and youth on and off Frazer UMC campus including those providing transportation should complete a Child and Youth Worker Information Sheet (all ages) and corresponding Consent to Release Confidential Information form (all ages), as well as, a Background Investigation Consent form (age 19 years and older). Frazer staff will contact the listed references and complete a Reference Contact Form, as well as order a criminal records check on each respective child/youth worker. A Background Investigation will be obtained, at a minimum, every four years. Completed information sheets, consent forms and reference contact forms shall be forwarded to the Child & Youth Protection Coordinator for filing.

Frazer ministry area staff should work to maintain a good ratio of adult supervision to children/youth present at church sponsored activities both on and off campus. A minimum of two non-related adults should be present when working with and caring for children and youth. Additionally, Frazer staff and volunteer ministry coordinators should seek to monitor hallways to further provide for the safety of children and youth in the classrooms and as they travel to and from restrooms, children's church and other church activities.

As a measure of security, Frazer requires name badge identification in both the Children's Ministry and Nursery Ministry areas, birth through 6th grade. Volunteering/working in these areas will require a name badge. A badge can be obtained by completing an Aqua Zone Registration Form found at any check-in desk.

Authority figures, defined as primary leaders of youth and children's activities, should be a minimum of age 21 and at least four years older than the youth/children involved. Assistants, defined as persons who lend aid to the authority figure must be a minimum of 12 years of age and four years older than the participants and assist in the presence of at least two authority figures.

In the nursery, the attending child worker will receive children into the respective room. The parent shall at that time register the child on the form provided. The worker shall issue to the parent a numbered tag, which corresponds to a tag affixed to the child. Prior to collecting a child, the parent must present to the attending worker the tag that matches the tag affixed to the respective child.

Applicants are only eligible to work/volunteer upon the receipt, completion and acceptable verification of the Child and Youth Worker Information Sheet, the Consent to Release of Confidential Information form, reference contact information and a Background Investigation.

Suspicious behavior on the part of any child/youth worker should be reported immediately to an appropriate Frazer staff person. While respecting the rights and reputation of the accused, the Frazer staff person will investigate the accusation. If deemed necessary, the accused will be removed from further work with children and youth. If it is discovered a child or youth has been abused, the accused shall be immediately removed from further work with children and youth. The victim and victim's family shall receive immediate ministry from the church. The incident shall be reported to the appropriate authorities. The accused shall be offered appropriate ministry from the church.

Revised 2/14/11

**FRAZER MEMORIAL UNITED METHODIST CHURCH  
BACKGROUND INVESTIGATION CONSENT**

I, \_\_\_\_\_, hereby authorize Frazer Memorial UMC and/or its agents to make an independent investigation of my background, references, character, past employment, education, driving record, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications for working with children and youth now.

I release Frazer Memorial UMC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

I understand that a background check is only valid for four years or less.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
**Full Name (printed)** **Maiden Name, if married less than 6 months and/or other Names Used**

\_\_\_\_\_  
**Present Street Address** **How Long?**

\_\_\_\_\_  
**City, State** **Zip Code** **Phone number**

\_\_\_\_\_  
**Date of Birth** **Social Security Number** **Driver's License #** **State of License**

**CIRCLE ONE: EMPLOYEE or VOLUNTEER**

**Other than a minor traffic violation, have you ever been accused, arrested, convicted of or pled guilty/no contest to a criminal offense? Yes \_\_\_ No \_\_\_ If yes, please explain.**

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

(Use back for additional comments)

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

**PLEASE LIST ALL HOME ADDRESSES FOR THE LAST SEVEN (7) YEARS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Child and Youth Worker  
Information Sheet**

Name: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Today's date: \_\_\_\_\_ Are you 18 years old or older? \_\_\_\_\_

Are you a member of Frazer Memorial United Methodist Church? \_\_\_\_\_ How long \_\_\_\_\_

If not a Frazer member, please list the name of your local church. \_\_\_\_\_

Please list your experience and/or training in working with Youth/Children.

Please provide the names and **complete** current addresses of three non-family adults who have known you for at least two years and know you well, that may be contacted as references.

Name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

Name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

Name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

.....

**The information contained in this information sheet is correct to the best of my knowledge.**

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

.....

Please **carefully review and complete** the attached Consent to Release of Confidential Information form. The completed Information Sheet and Consent to Release Form should be returned to the Frazer staff person responsible for the area of ministry for which you have volunteered to serve.

**CPFR** \_\_\_\_\_ **Initial** \_\_\_\_\_  
**Release Date** \_\_\_\_\_

# Frazer Memorial United Methodist Church

## Consent To Release Of Confidential Information

Having made application to work with minors at Frazer Memorial United Methodist Church and desiring the church to be informed as to my past record and character, I authorize any persons, references, employers, churches, or organizations with whom I have had contact to release to Frazer Memorial United Methodist Church any information (including opinions) they may have regarding my record, character, and fitness for work with minors. I also authorize Frazer Memorial United Methodist Church, at its discretion, to contact any law enforcement or social service/public agency to determine my driving record, whether I have ever been charged or convicted of a crime, and I authorize such agencies to release such information to Frazer Memorial United Methodist Church. I fully release Frazer Memorial United Methodist Church, its agents, and all persons, organizations, and agencies from any right or claim of confidentiality and from all claims, actions, or causes of action, which may arise as a consequence of exchanging such information.

Full Legal Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**OR**

State of Alabama:

County of Montgomery:

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires \_\_\_\_\_