**Sample Policy for the Protection of Children and Youth For Parishes**

(Approved by Vestry \_\_/\_\_\_/\_\_\_\_)

1. Training and Screening
2. Monitoring and Supervision
3. Creating Safe Space for Children and Youth
4. One-to-One Conversations with Children or Youth
5. Basic Needs
6. Inclusiveness
7. Violence and Weapons
8. Behavioral Standards for Adults in Ministry with Children or Youth
9. Off-site Programming

a. Prior Approvals

b. Medical

c. Supervision at Off-site Gatherings

d. Transportation

e. Overnight Programs

1. Travel

a. Adult Leaders and Chaperons

b. Insurance

c. International Considerations

1. Responding to Concerns
2. Suspected Abuse, Neglect, or Exploitation of Children and Youth
3. Suspected Violation of Policies

Appendix A: Registration /Consent Form and Community Covenant (For Youth)

Appendix B: Adult Leader and Participant Form (including Code of Conduct)

Appendix C: Volunteer/Participant Medical Information Form (for Adults and Youth)

Appendix D: Driver’s Declaration Form

Appendix E: Recommended practices and guidelines for social media and electronic communications for children and youth

Appendix F: Definitions

1. **TRAINING AND SCREENING**

The parish will train and screen all persons who minister to youth in parish-sponsored events (such as Sunday School teachers, youth group leaders, chaperones, etc.), as well as vestry members and staff, according to the chart below.

ALL leaders need to be trained in Safeguarding God’s Children before working with youth. Certification needs to be renewed every 3 years, and parishes are responsible for keeping these records. Public records checks can be fulfilled via online background screening companies such as Praesidium and Trak-1 or through the Bishop’s Office, and will be completed every 5 years. The parish is responsible for keeping and maintaining all screening records secure and confidential.

Adult Leaders must receive a copy of this policy prior to any event, and complete the *Adult Event Leader and Adult Volunteer Participant Form* (Appendix B), *Medical Information Form* (Appendix C), and the *Driver’s Declaration Form*, if applicable (Appendix D). Such forms will be considered valid for a period of one calendar year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Safeguarding God’s Children** | **Public Records** | **Dept. of Motor Vehicles** | **Reference Check in Employee Application** |
| **Clergy in Charge** | **X** | **X** |  | **X** |
| **Staff** | **X** | **X** |  | **X** |
| **Youth Leader** | **X** |  |  |  |
| **Sunday School Teacher** | **X** |  |  |  |
| **Volunteers/Chaperones** | **X** |  |  |  |
| **Program Leaders** | **X** |  |  |  |
| **Drivers** | **X** |  | **X** |  |
| **Vestry Members** | **X** |  |  |  |

1. **MONITORING AND SUPERVISION OF PROGRAMS**

There shall be at least two unrelated adults (at least two years older than the eldest participant) present at ministry settings and events designed for children and youth. Only one adult may be sufficient in well-monitored, visually accessible program space on the church grounds, such as a classroom, provided that another adult can maintain visual contact with the adult leader. This can be accomplished by designating an individual to conduct frequent random checks of rooms and unlocked spaces throughout the building(s).

1. **Creating Safe Space for Children and Youth**

To create a safe space, it is necessary to anticipate and avoid circumstances in which children and youth are exposed to inappropriate consumables, materials, unmonitored adult contact, or unsupervised peer contact.

*For example:*

* **Alcoholic beverages**. Alcohol (sacramental or otherwise) shall not be stored in publicly accessible areas of the church buildings.
* **Computers and electronic devices.** Children and youth shall have adequate supervision when using electronic devices belonging to the parish. Devices shall have adequate password protection. See Recommended Practices and Guidelines for Social Media and Electronic Communications (Appendix E).
* **Persons with keys and access to locked spaces.** Anyone with keys or electronic access to church buildings shall meet all the requirements for screening and training.
* **Unused spaces.** Spaces not in use should not be readily accessible. Given the vast differences in facilities, the Vestry should determine how to best meet this standard.

1. **One-to-One Conversations with Children or Youth**

One-to-one counseling with children or youth will be done in an open or public or other space where private conversations are possible but occur in full view of others. If done in an offsite, public location, a program leader, clergy in charge, senior warden, or Responsible Person shall be informed in advance.

Confidentiality cannot be guaranteed if a child or youth discloses a situation pertaining to abuse, neglect, self-harm, or exploitation because of mandatory reporting laws.

1. **Basic Needs**

No one is to be deprived of the basic human needs of food, drinking water, shelter, sleep, access to restrooms, safety, and clothing at any event.

Exceptions may be made for programs intended to teach children and youth about poverty, need, and hunger, such as an intentional fasting program. In these cases, children and youth must agree to participate in writing, and parents or guardians must give written permission that includes certification that the youth or child does not have a medical condition that would put the participant at risk by fasting or missing sleep. Participants who wish to withdraw or who are unable to complete the program must have their basic needs met immediately.

1. **Inclusiveness**

No one shall be denied rights, status or access to an equal place in the life, worship, and governance of any program or activity because of race, color, ethnic origin, national origin, marital status, sex, sexual orientation, gender identity and expression, differing abilities, or socio-economic class. To the extent possible, all spaces and settings for programs, activities, and ministry shall be accessible.

Transgender, genderqueer, or gender non-binary children or youth who express the need or desire for increased privacy should be provided with reasonable alternative arrangements. Reasonable alternative arrangements may include the use of a private area, or a separate changing schedule, or use of a single stall restroom. Any alternative arrangement should be provided in a way that protects the child or youth’s ability to keep their transgender status confidential. They should not be required to use a locker room or restroom that conflicts with their gender identity.

Safe bathroom/shower facilities will be provided by gender (or specific times will be assigned to the use of a single facility).

Adults should either have separate shower facilities or shower at other times than the youth. Separate dressing facilities should also be provided.

1. **Violence and Weapons**

* No one is to strike, hit, or otherwise physically threaten or harm anyone at any time.
* Bullying of any kind by anyone is prohibited.
* Children and youth shall not have weapons of any kind at any event or program for children or youth. Exceptions to this restriction may be made for camp programs or other specific programs with prior approval.
* Report suspected violations immediately. See ***Suspected Violations of this Policy*** (Section V, B).

1. **Behavioral Standards for Adults in Ministry with Children or Youth**

Adults who work with children and youth are expected to model the patterns of healthy relationships that children and youth deserve in all settings. Interactions should meet all requirements outlined above, and adults should be discouraged from initiating a private (one-on-one) relationship with any unrelated child or youth from the church away from sanctioned church activities.

**DOs**

Adults are encouraged to:

* Have ongoing spiritual practices, which might include: daily prayer, regular participation in corporate worship, and Bible study;
* Spend time with and listen to children and youth, and advocate for their ministry within the Body of Christ;
* Offer appropriate physical expressions of care, which may include:
  + high fives and fist bumps;
  + hand-holding while walking with small children or in prayer;
  + brief touching of shoulders, hands, or arms;
  + “laying on of hands” under appropriate pastoral supervision;
  + brief hugs and arms around the shoulders; and
  + model appropriate affection with other adults and be accountable to the community for behavior.

**DON’Ts**

Adults shall not under any circumstances:

* Provide children or youth with non-sacramental alcohol, marijuana, drugs, cigarettes, tobacco products, e-cigarettes, vapes, or pornography;
* Arrive under the influence of alcohol, illegal drugs, or misused legal drugs at any children’s or youth event or when they are responsible for children or youth in an event;
* Engage in illegal behavior or permit other adults or children or youth to engage in illegal behavior;
* Engage in any sexual, romantic, illicit, or secretive relationship or conduct with any child or youth; or
* Apart from planned pre-approved educational programs, discuss their own sexual activities, fantasies, or their own use, or abuse of drugs or alcohol with children or youth.

1. **OFF-SITE PROGRAMMING**
2. **Prior Approval**

The expectations for safe space, as described above, should be observed off-site.

* Parents or Guardians must complete the *Registration/Consent Form* (Appendix A) before participation in an event by any child/youth.
* These same prior approvals are required when the site is a private residence, hosting such events as cook outs, pool parties, progressive dinners, etc.
* Parish sponsored programs, trips, or events shall receive prior approval by the clergy in charge and Vestry, and/or be reflected in the Vestry minutes.
* Parental approval is required prior to viewing any movie, whether off-site or on-site, rated “PG-13” or above, or participating in any conversation or program containing sexually explicit or violent content.
* Prior permission for a minor to be photographed or recorded on film, videotape, audiotape, or other electronic media is required from a parent/guardian.

1. **Medical**

* Medical Information Forms (for adult and youth participants) are required for all participants (Appendix C). Parishes are responsible for maintaining the confidentiality of protected health information.
* Current certification in First Aid, CPR, and Automated External Defibrillator (AED) is strongly encouraged for those who work with children and youth.
* A first aid kit, appropriately stocked for the event and participants, shall be available in an easily accessible location.
* A record must be kept for all medication or first aid given to a participant. This record shall include the participant’s name, the date and time of service, the name of the person administering medication or treatment, and a description of the medication, dosage, and/or treatment given.
* All medications (prescription and over the counter) belonging to minors shall be given to the Responsible Person or adult designee, unless otherwise agreed upon by the parents and the Responsible Person. Exceptions may include inhalers, epi-pens, and birth-control pills.
* Only the Responsible Person, program leader, or their adult designee, shall administer medications. Every effort should be made to keep medical conditions and medicines confidential.

1. **Supervision at Off-site Gatherings**

* At any gathering of children or youth, there shall be at least two unrelated adults with one being age 25 or older, preferably reflecting the sex and gender identity of the participants.
* Minimum ratios of adult to child/youth shall be in accordance with American Camp Association (ACA) guidelines as follows:
  + 5 years & younger – 1 adult for each 5 overnight-participants and 1 adult for each 6 day-participants
  + 6-8 years – 1:6 for overnight and 1:8 for day
  + 9-14 years – 1:8 for overnight and 1:10 for day
  + 15-18 years – 1:10 for overnight and 1:12 for day
* Additional adults can provide skills, mentorship, support, encouragement, spiritual guidance, and joy.
* When you have new leaders-in-training, the leadership teams should also have a reasonable number of experienced adult leaders to provide support.

1. **Transportation**

* For the health and safety of all participants, the following practices shall be followed: For events that originate and/or terminate at the congregation’s facility, all drivers must be at least 21 years of age and provide proof of insurance and a current driver’s license, a completed *Volunteer Driver Information Form* (Appendix D), and have a satisfactory DMV records check, which can be attained via online companies such as Praesidium and Trak-1 or through the Bishop’s Office.
* All drivers and riders must comply with state laws including seat belt and cell phone usage.
* Parents/guardians are responsible for the transportation and safety of their children and/or youth to and from the event. This responsibility includes the transportation of any other passengers in their vehicle.

1. **Overnight Programs**

In overnight programing, particular attention will be given to historically excluded or unrecognized people, such as LGBTQ+ and differently-abled individuals. In a situation of unequal power and safety, preferences of these individuals merit additional consideration, accommodation, and action to ensure:

* Participant privacy;
* Maximization of social integration of all participants;
* Minimization of stigmatization of any participants;
* Equal opportunity to participate; and
* Safety of all participants.

Other guidelines for overnight programs:

* Adults should have separate showers or separate times for showers. Assignments of bathrooms will consider numerous factors, including but not limited to: age, sex, gender identity & expression, and privacy.
* Overnight programs shall provide safe, supervised sleeping arrangements
  + No bed, cot, or sleeping bag shall have more than one person sleeping in it
  + Supervision by two unrelated adults is required in any space where one or more youth are sleeping.
  + It is acceptable for all participants to sleep in the same open area when dressing rooms and bathrooms provide appropriate privacy.
* Participants shall have access to three substantial meals each full day and access to sufficient water.
* Participants shall be given the opportunity for at least seven hours of sleep each 24-hour period, except for programs where parental/guardian permission is given to miss sleep. In these cases, children and youth must agree to participate in writing, and parents or guardians must give written permission that includes certification that the youth or child does not have a medical condition that would put the participant at risk by missing sleep.
* Participants shall have some time set aside each day for rest or free time.

Best practice guidelines for hotel stays:

* One child or youth per bed, including cots, pullouts or hideabeds, and rollaway beds;
* At least 2 children or 2 youth in each room;
* Adult supervisors or chaperones have rooms on the same floor, scattered among the rooms with children or youth, and at least one adult room is by the stairs or elevators;
* Adult leader assigns rooms and room occupants.

1. **TRAVEL**

The following polices will help groups prepare for a variety of potential scenarios, as well as for domestic and international travel.

1. **Adult Leaders and Chaperones**

* Minimum ratios of adult to youth need to be greater due to the possibility of leaving an adult behind with a participant in the event of a medical emergency.
  + 5 years & younger – 1 adult for each 5 overnight-participants and 1 adult for each 6 day-participants
  + 6-8 – 1:6 for overnight, and 1:8 for day
  + 9-14 years – 1:5
  + 15-18 years – 1:7
* Regardless of group size, no group should travel with fewer than three adult chaperones.
* One adult, minimum age 25, should serve as the travel administrator who is responsible for all aspects of the trip, including carrying all necessary documentation, contacts, and forms including:
  + medical releases;
  + community covenant;
  + emergency contacts;
  + itineraries; and
  + cash and/or credit card capacity to address emergencies.
* It is a best practice that, one adult, minimum age 25, should hold a current medical certification (see below) to manage administration of necessary and permissible medications, administer immediate and necessary first aid, and triage medical situations to determine if care of an individual needs to be taken to a higher level of care. When this is not possible, one person should be designated to supervise the administration of medications as instructed on medical release forms, and a clinic near your destination should be identified ahead of time in order to respond to health emergencies as rapidly as possible.
* Acceptable medical certifications include:
  + Wilderness Medical Response
  + Outdoor Emergency Care
  + Emergency Medical Technician/Paramedic
  + Nurse – RN/LPN/Nurse Practitioner
  + Physician’s Assistant
  + Medical Doctor
* Best practice is to designate an adult to serve as back-up to the travel administrator, and as back-up for simple first aid and administration of prescriptions. These could be the same person.
* A copy of all documents should be left with an accountable person at the church or congregation’s office. That person should also serve as the local emergency contact person for communications between the traveling group and families at home.

1. **Insurance for travel**

* It is recommended that all travelers carry their insurance card.
* Because not all individuals have access to affordable and adequate health insurance, it is recommended that health insurance be added to trip insurance.

1. **International Considerations**

* Short-term trip or supplemental insurance must be secured at-least one month prior to travel.
* Check in with the U.S. Department of State on travel requirements, including visas.
* Make certain that every traveler’s passport is valid for at least six months beyond your return date.
* Determine whether or not vaccinations are required and/or recommended for entry into specific countries.
* Arrange to have at least two cell phones with the group that will have active coverage in your destination(s). Make a back-up plan for communication with your Responsible Person at home.
* A more thorough list of international travel considerations with links to U.S. and global organizations can be found in the ***Youth in Mission Manual*** here: <http://www.episcopalchurch.org/files/7-traveling7.pdf>

1. **RESPONDING TO CONCERNS**
2. **Suspected Abuse, Neglect, or Exploitation of Children and Youth**

Any adult who has reason to suspect that abuse, neglect, or exploitation of children or youth has taken place, is strongly encouraged, and all mandated reporters are required to contact the state’s Child Protective Services to the country in which the child resides or in which the suspected abuse has occurred. (ORC 2151.421)

In addition, anyone who has reason to suspect that abuse, neglect, or exploitation of children or youth has taken place within a facility or program of the congregation, should immediately inform one or more of the following:

* The clergy in charge or senior warden
* The Intake Officer in case a member of the clergy is suspected of abuse, neglect, and/or exploitation via the Diocesan website, <https://dohio.org/our-diocese/reporting-clergy-misconduct>

1. **Suspected Violation of Policies**

Anyone who suspects a violation of these policies shall immediately report the violation to the program leader or Responsible Person.

Clergy in charge who receive reports of violations of this policy shall be responsible for providing appropriate pastoral care to all those affected and appropriate remedial and/or disciplinary action up to and including termination of employment or unpaid ministry with the church. If the Responsible Person is a lay person, they are responsible to ensure that appropriate pastoral care if provided for all.

Anyone who suspects a violation of these policies by a member of the clergy shall immediately report the violation to the bishop’s office and/or the Intake Officer. Anyone can make a report to an Intake Officer.

More information about filing a complaint or contacting the Bishop’s Office or Intake Officers can be found here: <https://dohio.org/our-diocese/reporting-clergy-misconduct>

APPENDIX A: **REGISTRATION/CONSENT FORM AND COMMUNITY COVENANT**

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

- I give permission to this young person to attend and participate in activities sponsored by this parish, including swimming.

- I authorize an adult, in whose case this minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to this minor under the general supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named youth pursuant to the authorization.

- I give permission for this youth to ride in any vehicle designated by the adults in whose care this minor has been entrusted while attending and participating in this event.

- I give permission for this minor to be photographed/video recorded and that these photographs may be used in diocesan and cathedral publications, websites, and social media.

- I understand the general guidelines of behavior: that the participant must respect and adhere to the instructions of the adult(s) in charge and that NO alcohol, illegal drugs, or sexual misconduct will be permitted at this event and that there will be no use of tobacco products permitted.

- I will assume all transportation costs for this youth if problems occur during this event. I will take no civil action or legal action against the adult(s) in charge of the events of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for normal care of this minor in their charge.

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

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

**COMMUNITY COVENANT**

During Youth Events we are a community. In this community, we need to agree to some simple promises we will keep, concerning each other and ourselves.

1. I will respect the dignity of all human beings in both actions and words.
2. I will respect and care for the facilities we will be using.
3. I will participate in community activities and honor quiet times and get a reasonable amount of sleep.
4. I will not possess or use any alcohol or any illegal controlled substances.
5. I will not possess or use weapons.
6. I will not engage in sexual activities or misconduct.
7. I will not use any tobacco products, including vapes and e-cigarettes, or give tobacco products to other attendees.
8. I will not leave the worksite, building property, or other locations we visit without permission from a designated adult.

All of these promises have to do with respecting each other, the space we will be sharing and ourselves. Let’s agree to treat each other and ourselves as the children of God that we are. By signing this covenant you are agreeing to live by these promises. Violating this covenant makes you subject to logical consequences that may include ending your participation in this event.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

APPENDIX B: **ADULT LEADER AND PARTICIPANT FORM**

FORM FOR ADULTS PARTICIPATING IN ANY EVENT INVOLVING CHILDREN AND YOUTH.

Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL DATA**

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

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

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

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

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed “Safeguarding God’s Children” Training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN AND YOUTH**

Read and initial each item to signify your agreement to comply with the statement.

I agree to do my best to prevent abuse and neglect among children and youth involved in church activities and services. \_\_\_\_\_\_\_

I agree that I will not physically, sexually or emotionally abuse or neglect a child or youth. \_\_\_\_\_\_\_

I have received and agree to comply with the Policies for the ***Protection of Children and Youth from Abuse***. \_\_\_\_\_\_\_

I acknowledge my obligation and responsibility to protect children and youth and agree to report known or suspected abuse of children or youth to appropriate church leaders and state authorities. \_\_\_\_\_\_\_

I understand that the church will not tolerate abuse of children and youth and I agree to comply in spirit and in action with this position. \_\_\_\_\_\_\_

**ACKNOWLEDGEMENT, RELEASE AND SIGNATURE**

To the best of my knowledge, the information contained in this form is complete and accurate. I authorize any person or organization, whether or not identified on this form, to provide any information concerning driving record, criminal conviction record, sexual offender registry, as necessary. I also authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to request and receive such information.

**I have read and understand the above provisions.**

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

APPENDIX C: **VOLUNTEER/PARTICIPANT MEDICAL INFORMATION FORM**

**Participant Home Address**

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian with legal custody or emergency contact of adult participants to be contacted in case of illness or injury:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Home Address (if different from above)**

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional) Additional contact in event parent(s)/guardian(s)/other contacts cannot be reached:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:**

[ ] No known allergies.

[ ] This participant is allergic to:

[ ] Food

[ ] Medicine

[ ] The environment (insect stings, hay fever, etc.)

[ ] Other

**(Please describe below what the participant is allergic to and the reaction seen.)**

**Diet, Nutrition:**

[ ] This participant eats a regular diet.

[ ] This participant eats a regular vegetarian diet.

[ ] This participant is lactose intolerant.

[ ] This participant is gluten intolerant.

[ ] Other, please describe:

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

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**Medical Insurance Information:**

This participant is covered by family medical/hospital insurance: [ ] Yes [ ] No

***Include a copy of your insurance card, if applicable, copy both sides of card so information is readable.***

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Co. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Authorization for Health Care for Participants Under the Age of 18:**

The health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all event activities except as noted by me and/or an examining physician. I give permission to the physician selected by the event staff to order X-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a “need to know” basis with event staff. I give permission to photocopy this form. In addition, the event has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chronic Concerns:** *Check all that pertain to you or your child and provide a separate information sheet with details and supportive healthcare needs.*

[ ] I have no chronic health concerns.

[ ] I have the following chronic health concern(s):

[ ] Asthma

[ ] Headaches, Migraines

[ ] Sleep problem

[ ] Diabetes

[ ] Difficulty breathing

[ ] Fainting

[ ] Surgical history

[ ] Knee or ankle weakness

[ ] Back pain or injury

[ ] Seizure disorder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunization History:**

Date (month/year) of your most recent tetanus immunization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed your immunizations that were required for school attendance?

[ ] Yes

[ ] No

[ ] N/A ?

**Medication:**

[ ] This participant will not take any daily medications while attending the event.

[ ] This participant will take the following daily medication(s) while attending the event:

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

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“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. ***Please provide enough of each medication to last the entire time the participant will be at the event.***

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the participant should not be given.***

Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin)

Phenylephrine decongestant (Sudafed PE) Pseudoephedrine decongestant (Sudafed)

Antihistamine/allergy medicine Guaifenesin cough syrup (Robitussin)

Diphenhydramine antihistamine/allergy medicine (Benadryl)

Dextromethorphan cough syrup (Robintussin DM) Sore throat spray, generic cough drops

Lice shampoo or cream (Nix or Elimite) Antibiotic cream

Calamine Lotion Aloe

Laxatives for constipation (Ex-Lax)

Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

**Is there anything else we should know regarding the participant’s physical or mental health?** Please explain below:

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

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APPENDIX D: **DRIVER’S DECLARATION FORM**

FORM FOR ADULTS WHO TRANSPORT YOUNG PEOPLE DURING PARISH-SPONSORED EVENTS OR ACTIVITIES

**DRIVER’S DECLARATION FORM**

Those who transport children or youth during events and activities sponsored by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will complete this form and submit it to the director of the event/activity. Attached to this form should be copies of:

Current Driver’s License

Proof of Automobile Insurance

Current vehicle registration

**PLEASE NOTE: \_\_\_(parish name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not permit youth under the age of 18 to transport other youth or children during parish events or activities.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to children/youth you will be transporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make and Model of vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver license number and issuing State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number (needed to check license status): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your vehicle in good repair, and equipped with safety restraints (including those for infants and young children, if you will be transporting them)?

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

Have you ever had a Driver’s License revoked or suspended? If so, please give details:

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

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In transporting children and youth, I agree to:

* Obey all traffic regulations, including speed limits and safety restraint requirements.
* Transport only the number of persons my vehicle is equipped to carry.
* Drive only when I am not under the influence of alcohol or other intoxicating drugs.
* Conduct myself in accordance with the Code of Conduct for the Policy for the Protection of Children and Youth
* Follow the Guidelines for Appropriate Affection in my relationship with the children and/or youth whom I transport.

**Acknowledgement, release, and signature**

To the best of my knowledge, the information contained in this application is complete and accurate. I understand that providing false information is grounds for not accepting my offer to transport children/youth, or for discharging me if I have already accepted that responsibility. I authorize any person or organization to provide information concerning me and my ability to transport children/youth. I also authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to request and receive such information. I hereby release and agree to hold harmless any person or organization that provides such information. I also agree to release and hold harmless \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, their officers, employees, agents, and volunteers.

If I am accepted as a person who transports children/youth to and/or from church events, activities, or institutions, I agree to be bound by the policies and procedures of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, including its ***Policies for the Protection of Children and Youth from Abuse***. I understand that these may be changed, withdrawn, added to, or interpreted at any time at the sole discretion of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and without prior notice to me.

Driver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Person receiving or reviewing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPENDIX E: **RECOMMENDED PRACTICES AND GUIDELINES FOR SOCIAL MEDIA AND ELECTRONIC COMMUNICATIONS FOR CHILDREN AND YOUTH**

Social media posts and electronic communications are not confidential. Many can be shared or reposted to others. All interactions should be transparent with healthy boundaries. Laws regarding mandated reporting of suspected abuse, neglect, or exploitation of children and youth applies in the digital world just as they do in the physical world.

**Recommended Practices and Guidelines:**

* The parish should create and “own” the social media accounts representing the parish, and have multiple administrators and/or supervisors with access. If personal accounts are used, a system of monitoring should be established.
* The parish should not identify or “tag” individuals. The “tagging” of children and youth should be prohibited. When written permission is provided by a parent/guardian, the captioning of photos or videos of minors may be permitted. The caption should not include the minor’s full name, nor should it create a clickable link to someone’s personal profile. Self-tagging or tag requests from youth are allowable within closed groups.
* The parish does not have a responsibility to review or monitor the personal pages or groups that are not sponsored by the parish.
* If a digital communication raises health or safety concerns, leaders should respond pastorally and notify the supervisor.
* When using photos and videos for ministry purposes, obtain a media release for each person and only post images that respect the dignity of every person depicted. The parish must inform participants when they are being videoed because church buildings are not considered public space. Signs should be posted that indicate a service or activity will be broadcast when worship services or activities are streamed or distributed on the web or via other broadcast media.
* Consider the following best practices:
  + Have at least two unrelated adult administrators as well as at least two youth administrators for groups that are designated for youth;
  + Use closed groups, but not “hidden” or “secret” groups for youth;
  + Have only youth administrators invite other youth to join the online group, unless a youth previously asked an adult administrator to invite them to join;
  + Remove any content that shows or describes in appropriate behavior outside the bounds of the established behavioral covenant;
  + Open social networking groups for youth to parents of current members;
  + Remove adult leaders of youth groups and youth who are no longer members due to departure, removal from position, or are ineligible because they have “aged-out” or a program from social networking sites, list serves, etc;
  + Observe mandated reporting laws regarding suspected abuse, neglect, and exploitation.

**Recommended Practices and Guidelines for Interactions with Children and Youth:**

* Prudent judgement should be used in the time of day a child or youth is contacted through social media. Under normal circumstances, refrain from contact or exchanging texts, chats, or emails before 8:00am or after 10:00pm, unless it’s an emergency.
* Privacy settings and personal boundaries should be implemented.
  + Create and use profiles on social networking sites that meet professional and institutional standards.
  + Do not submit connection requests to children or youth for personal interactions. Youth may not be able to decline such requests due to the disparity of power between youth and adults. Youth may ask to be “friends,” adults should discern the nature of contact appropriate for a healthy ministry.
  + Apply privacy settings that are consistent with all children and youth, across all social networking sites and platforms. Avoid playing favorites or the appearance of playing favorites.
  + Administrators of social media accounts and digital communications must periodically review settings, accessible content, photos, and videos to ensure compliance with professional and institutional standards.
  + Parents of children and youth shall be informed of social networking sites and platforms used within the ministry.
  + When possible, send communication (1) to entire groups, (2) on an individual’s “wall,” or (3) in public areas, rather than in private messages. This includes photos, images, and videos.
  + When sending emails to a child or youth that contain personal or private information regarding that child or youth, a copy should be sent to the parents or guardians as well. Examples of these types of emails include: Payment due information, specific medical requests or questions, etc. Mass emails sent to an entire group are not required to be copied to parents or guardians.
  + Disclose ongoing digital pastoral communications (i.e. emails, Facebook messages, texting, etc.) with children and youth to a parent and/or a supervisor to determine when a referral to a professional provider or resource is needed.
* Delete inappropriate material posted in digital groups, address the behavior and report it, if necessary, in accordance with legal and institutional requirements.
* In video calls, follow the same criteria used in telephone calls. In addition, prudent judgement regarding attire and surroundings should be observed.

**Covenant to Govern Digital Groups**

* Inappropriate behavior by ANY individual in any group (e.g. Facebook group, SnapChat group, email, text, or Twitter group) will not be tolerated. This includes bullying, posting pictures that depict abuse, violence, illegal activities, sexual acts or any other behavior deemed inappropriate by group administrators. Inappropriate behavior will result in the immediate removal of the offender from the group, and further action as necessary.
* Groups may be joined by individuals who actually are a part of the group (youth group, parish group, event group, etc.) as closed groups with administrative review.
* Settings for groups will be “closed” or “private” so that group activity is not public.

**Recommended Practices and Guidelines for Interactions with Children and Youth:**

* Participants will be removed from the digital group when they are no longer a part of the group in the real world.
* Groups will be disbanded when there is no longer a need for digital communication within the group.
* Only content that is appropriate and pertinent to the group may be posted. Content will be monitored by the administrators or the group settings can be such that only approved communications are actually posted.
* Adults may not tag photos, videos, snaps, tweets, etc. without the written permission from parents of the youth under the age of 18. Self-tagging or tag requests by youth or their parents is permissible.
* Mandatory reporting laws will be followed.
* Consequences for breaking the covenant will include removal from the group, loss of any administrative privileges and further action.

APPENDIX F: **DEFINITIONS**

*NOTE: These definitions reflect our understanding of terms describing gender identity and sexuality, which are evolving.*

**Adult:** Anyone who is 18 years or older and not in high school.

**Bullying:** Behavior that intimidates, humiliates, offends, degrades, or harms another person, whether verbal, psychological, social, physical, or otherwise.

**Chaperone:** An adult participating in the event who helps provide safety and well-being of participants accountable to supervisor.

**Child:** Anyone under the age of 12 years.

**Child Protective Services:** A social services program provided by state and local governments serving children and their families who are in need of assistance. Child Protective Services receive and investigate reports of suspected abuse, neglect, and exploitation.

**Cisgender:** An adjective describing a person whose sense of personal identity and gender corresponds with their gender or sex assigned at birth. This is an evolving term, as our understanding and language around gender identity and sexuality expands and matures.

**Gender Non-Binary:** An umbrella term for people who identity their gender as neither male nor female. These people might identity as both (“bigender”), neither (“agender”), a mix between the two (“genderfluid”), or they can be unsure of their gender (“genderqueer”). This is an evolving term, as our understanding and language around gender identity and sexuality expands and matures.

**Intake Officer:** The person(s) designated by each diocese to receive information regarding an offense for which a member of the clergy may be held accountable under *Title IV of the Constitution and Canons of The Episcopal Church*, which sets out the disciplinary process for clergy. Anyone may contact an Intake Officer to report concerns. The Intake Officers for the Diocese of Ohio are William Vodrey ([intakeofficer@dohio.org](mailto:intakeofficer@dohio.org)) and Marie B. Curry ([intakeofficer2@dohio.org](mailto:intakeofficer2@dohio.org)).

**Leader:** A person, adult or youth, who, for the benefit of another, engages in ministry without responsibility for oversight of others engaged in that same ministry. Examples include Sunday school teachers, camp counselors, and program team. A Leader is accountable to the Supervisor.

**LGBTQ+**: An acronym for Lesbian, Gay, Bisexual Transgender, Queer/Questioning, and others. It refers to people whose gender identities vary from their gender or sex assigned at birth, or whose sexual orientations differ from the heterosexual majority. The “+” is an effort to include additional gender identities. This is an evolving term, as our understanding and language around gender identity and sexuality expands and matures.

**Mandated Reporter**: A person who is required by state law to report reasonable suspicions of abuse, neglect, and/or exploitation of vulnerable populations to the appropriate state agency. State laws vary greatly. Generally, state law mandates that either all adults or adults in certain professions report suspected abuse of children and/or youth.

It is imperative to know the requirements of applicable state laws. Typically, individuals who are not mandated to report suspicion of abuse may make a report to the appropriate state agency, even though they are not legally required to do so.

**Off-Site:** Any location other than the sponsoring Episcopal Church, institution, facility, or campus.

**Organizations:** All institutions for which the diocese or congregations have legal or fiduciary responsibility (examples: diocesan departments, commissions, conference & retreat centers, adult day care centers, retirement communities, religious orders, congregations, schools, etc.).

**Overnight:** Any event that starts on one calendar day and ends on a different calendar day.

**Pastoral Relationship:** Any relationship (1) between a Member of the Clergy and any person to whom the Member of the Clergy provides or has provided counseling pastoral care, spiritual direction or spiritual guidance, or from whom such Member of the Clergy has received information within the Rite of Reconciliation of a Penitent, or (2) between a lay minister and any person to whom the lay minister is offering prayer, ministry, and/or any person from who the lay minister has received sensitive, personal, or confidential information in the course of offering ministry.

**Programs:** Official activities and programs sponsored by The Episcopal Church and its provinces, dioceses, and congregations (examples include: The Episcopal Youth Event, Provincial Youth Events, Happening, Teens Encounter Christ, pilgrimages, mission experiences, New Beginnings, camp programs, Acolyte Festival, etc.).

**Public Records Check:** A search of documents and data available to the public including criminal and civil court records, credit reports, and driving records from the department of motor vehicles. Typically, such searches are conducted by a third party with expertise in this area.

**Responsible Person:** The person designated as being accountable for compliance with this policy for an event or program.

**Sacramental Use**: Consecrated or unconsecrated wine used in the setting of Eucharist.

**Sexual misconduct**: A broad term encompassing any behavior of sexual nature that is committed without consent or capacity for consent by force, intimidation, coercion, or manipulation. Sexual misconduct can be committed by a person of any gender, and it can occur between people of the same or different gender.

**Supervisor**: A person who has oversight responsibilities for a ministry program and/or Leaders in a ministry program.

**Title IV**: A section of the *Constitution and Canons of The Episcopal Church* pertaining to clergy professional standards, accountability, and ecclesiastical discipline.

**Transgender:** An adjective describing a person whose sense of personal identity and gender does not correspond with the gender or sex assigned to them at birth. This is an evolving term, as our understanding and language around gender identity and sexuality expands and matures.

**Training:** Organized activity designed to provide information and/or instructions to strengthen and enhance the recipient’s understanding, capacity, and exercise of ministry.

**Universal Training:** Safeguarding God’s Children.

**Specialized Training:** A standard of additional training that equips people who participate in or have oversight responsibility for ministries. In addition to Safeguarding God’s Children Training, a person will have access to training that is specialized and tailored to their role and ministry function.

**Youth:** Anyone who is at least 12 years old, but not yet 18 years old. A youth may also be an individual who is 18 years old or older, and still in high school.