Franconia Mennonite Conference
Child Protection Plan

Updated in 2015 and approved by
The Franconia Mennonite Conference Board Executive Committee
on December 8, 2015

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Working together to build safe spaces for children in Christ's name.

Franconia Mennonite Conference is a member of
Mennonite Church USA

“Equipping leaders to Empower others to Embrace God’s mission.”

*Franconia Mennonite Conference Trainer in Child Protection and Child Abuse Recovery
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I. INTRODUCTION

“Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these” (Matthew 19:14). These well-known words of Jesus give us a picture of God's love for young people – inviting, welcoming, empowering, and safe. We see Jesus’ open arms outstretched toward the young ones the disciples were trying to turn away; a posture of blessing and care. In the previous chapter, Jesus even goes so far as to say, “whoever welcomes a little child like this in my name welcomes me” (Matthew 18:5), making this act of providing nurturing spaces for children an especially holy one. As in so many other ways, God incarnate in Jesus shows us how to be faithful followers of Christ through our relationships. We are called to invite children to be among us. We are called to bless them. In doing so, we welcome God into our lives.

For this welcome to be truly extended to children in the context of our congregations, our churches must be places of refuge and safety. Young people must feel free to come in their inexperience, immaturity, and vulnerability with the expectation that they will not be harmed. They must also have confidence that if they have been harmed, they will find healing.

At Franconia Mennonite Conference, we believe that “to be effective in ministry we face the challenge of cultivating healthy patterns and relationships, and addressing directly unhealthy ways of relating among us. Our witness to Jesus and the ministry of reconciliation entrusted to us are directly related to the quality of our relationships and the ways we structure our life in the body of Christ. (John 13:34-35, Rom. 12:1-13, Col. 3:1-17).” Ensuring that our congregations are truly sanctuaries for our children is part of encouraging these healthy relational patterns. By working together toward safety for children in our churches, we share a common intention for their well-being. This shared priority widens our welcome of children, makes more certain that they will be blessed to be among us, and strengthens the spirit of God in our midst.

Jesus not only calls us to welcome children, but also calls us to “become like little children” (Matthew 18:3) ourselves, so we too can experience the reign of heaven that belongs to them. We are to come to God with vulnerability, curiosity and that spirit of openness that gives little ones their vibrancy, creativity, resilience, and joy. If we can take this attitude as we do the work of child protection, we may find healing for the hurts of our childhood, deeper connection with one another, and peace in knowing we have been faithful to the most vulnerable ones among us.

May the process of protecting the children in the care of your congregation or organization be marked with the hopeful spirit of young people as we travel together on this journey toward growth in caring, trust, and wholeness.

The Child Protection Leadership Team of Franconia Mennonite Conference
II. GENERAL CHILD PROTECTION

A. Child Protection Philosophy

Franconia Mennonite Conference places a high priority on the safety of all children within its care. While recognizing that each area of a comprehensive child protection program is essential to the proper functioning of a high-quality youth ministry, special attention will be given to child abuse prevention and recovery.

Franconia Mennonite Conference commits to a collaborative, strategic approach to child protection, which includes identifying and addressing the threats and opportunities the Conference faces. The views and participation of personnel at all levels of the Conference, including volunteers, will be welcomed as Franconia Mennonite Conference identifies child protection priorities and implements strategies for modifying, retaining or financing risk.

This collaborative effort culminated in the creation of the following Child Protection Plan. The most recent version of the Plan was presented to the Franconia Mennonite Conference Board for its review on December 10, 2007. It was approved by Franconia Mennonite Conference Board on that date. Updates to this plan were completed in 2015 to bring the plan into compliance with the new Child Protection Safety Laws of Pennsylvania. The updates to the plan were approved by the Conference Board Executive Committee on December 8, 2015.

B. General Safety Principles

1. Franconia Mennonite Conference will at all times operate in compliance with local, state, and federal laws and regulations.

2. Franconia Mennonite Conference adheres to the policies and standards of Mennonite Church USA in matters related to the health, safety, and well-being of those impacted by its ministry.

3. All adults involved in Franconia Mennonite Conference bear responsibility for the health, safety, and security of children and youth under the age of 18. This is a primary responsibility of the Conference Board, Executive Minister, credentialed leaders, staff, and volunteers.

4. Child Protection activities are multi-faceted and include:
   a. Thoughtful screening, selection, and training of both volunteers and employed staff.
   b. Creation and implementation of policies, standards, guidelines, and procedures as guides for planning.
   c. Maintaining safe and secure facilities.
   d. Establishing procedures to be followed in the event of an emergency.
   e. Maintaining clear communications channels.
   f. Purchasing insurance coverage as a financing mechanism for certain risks, while recognizing that insurance is not a substitute for vigilance in planning and implementing programs.
C. **Child Protection Goals**

Franconia Mennonite Conference seeks to create and sustain a safe environment that enables caring ministry and the creation of meaningful opportunities for individual and community involvement using the tools of non-profit Child Protection principles and strategies.

Franconia Mennonite Conference further commits to ensuring an appropriate response in line with state laws to all incidents that threaten or violate the spiritual, physical, social, psychological, emotional, or sexual well-being of children in their scope of influence.

D. **Responsibility for Child Protection**

1. **Conference Board**
   a. Approves child protection goals, adopts annual operating objectives with child protection included.
   b. Adopts annual budget with child protection in mind.
   c. Reviews committee and ministry reports to determine compliance with the child protection plan.
   d. Ensures compliance with policies and standards recommended by Franconia Mennonite Conference and Mennonite Church USA.
   e. Adopts and establishes policies and standards.
   f. Reviews the Conference's insurance program periodically.
   g. Reviews the Conference's child protection plan annually.

2. **Conference Ministerial Committee**
   a. Ensures that credentialed leaders comply with maintaining appropriate clearances and have background checks run every three years.

3. **Legal Counsel for the Conference**
   a. Serves as advisor to the Conference Board in legal matters, making referrals to specialists on an as needed basis.
   b. Advises Conference Board on contracts, agreements, forms, etc.

4. **Executive Minister**
   a. Keeps the Conference Board apprised of emerging concerns and opportunities to improve child protection in the Conference.

5. **Conference Staff**
   a. Implements trainings related to child protection strategies for credentialed leaders, volunteers, staff, and congregations in Franconia Mennonite Conference.

6. **Franconia Mennonite Conference Child Protection Leadership Team**
   a. Reviews the child protection policy of Franconia Mennonite Conference as needed.
b. Champions Conference-wide effort to protect children of Franconia Mennonite Conference and engage leadership, parents, and other members/attendees of Franconia Mennonite Conference in child protection activities.

c. Convenes periodically to review the Conference’s emerging problem situations and corresponding child protection strategies.

d. Evaluates the insurance program in collaboration with the Conference Board.

e. Serves as Response Team in the event of any “unusual incident” or report of suspected child abuse.

f. See page [___] for a detailed description of the responsibilities of the Franconia Mennonite Conference Child Protection Leadership Team.

7. Insurance Program for Franconia Mennonite Conference

Liability package from Mercer Insurance currently covers: Bodily Injury and Sexual Misconduct, Religious Counseling Liability, and Directors and Officers Liability.
III. SAFETY POLICIES

A. Facilities

In collaboration with its insurance company, and landlord, Franconia Mennonite Conference will inspect its entire facility at least annually to ensure that it is safe for children and youth to occupy. For a safety audit checklist, see Form O of this manual.

B. Information Management

1. Access to Confidential Information
   a. Franconia Mennonite Conference has files on children/youth, families, staff, and volunteers that contain confidential information. Therefore it is essential to limit access to certain records to only those who require access in order to perform the functions of their position. Confidential information in paper form will be stored in locked file cabinets. These file cabinets are contained in a locked room during non-working hours. All will be trained to use good judgment and common sense in protecting confidential information.
   b. The administrative staff will oversee a system to limit access to electronic records based on duties and responsibilities in the Conference. Access will also be protected through the use of passwords. Access will be modified from time to time as work assignments change.
   c. Any employee or volunteer who intentionally obtains unauthorized access to records shall be subject to discipline, up to and including termination. Any volunteer or employee who accidentally obtains access to confidential records should inform the Executive Minister immediately.

2. Internet Guidelines
   a. A Technology Policy or Acceptable Use Policy will be developed and distributed that establishes reasonable boundaries for acceptable use of the Internet at Franconia Mennonite Conference and provides examples of misuse in member/participant guides, materials to parents, and staff/volunteer manuals.
   b. Franconia Mennonite Conference will refrain from featuring any information on its website that could result in inappropriate access to children/youth. The names, schools, phone numbers, home addresses, and/or email addresses of children or youth will not be included on the website. Parental permission for photos to be displayed on the website will be obtained. (See annual and activity permission forms, Form L of this manual.

C. Human Resources and Child Protection

Overview

Franconia Mennonite Conference integrates Child Protection into its staff and volunteer recruitment, screening and selection process by:

- Communicating to prospective volunteers the Conference's requirements and expectations.
• Designing position descriptions that support the identification of appropriate screening tools based on the risks associated with a particular position. Franconia Mennonite Conference uses job descriptions for both paid and volunteer positions in the Conference. These documents are developed by the Conference staff and approved by the Conference Ministerial Committee and updated on an as needed basis.

• Employing a basic, enhanced or rigorous screening process based on an analysis of the position. For example, a volunteer position requiring contact with vulnerable members/attendees (such as children) warrants a rigorous screening process consisting of an application, interview, reference checks, criminal history, child abuse, and possible fingerprint screening, and other records checks.

1. Screening Employees and Volunteers

Screening is to be used with all applicants, including credentialed leaders, for full-time, part-time, compensated or volunteer work within the Conference. Screening must be completed according to the guidelines below prior to working with children or youth.

[Note: Some Conference-wide events are short-term and are staffed by volunteers from Conference churches and organizations. These events will be staffed only by those approved by their congregation or organization to work with children and youth. Written documentation of volunteers’ approved worker status will be presented to the Conference-wide event organizer at the time of registration of a group for the event. All youth workers/sponsors will be required to submit a letter from their congregation to the Conference stating that their background checks have been done and are up to date. Liability for those individuals falls with the congregations. See Form P in this manual for a sample letter.

a. The "Six Month" Rule [for volunteers only]

Volunteers will be permitted to work with youth or children only after they have completed all state and federal background checks and have been regular attendees of a Franconia Mennonite Conference church for 6 months. Length of “regular attendee” status is determined by written documentation from the volunteer’s pastor.

b. Applicant Age Requirement

Approved volunteers who work with children or youth must be 18 years of age or older. Young leaders (age 14-18) may be approved to work as assistants to adult leaders, but not as leaders in charge of any group of children/youth or individual child/youth. All leaders must be at least five years older than the children/youth for whom they have responsibility.

c. Written Application

1) A written application will be completed prior to assignment. See Form A of this policy manual for the appropriate form. The application will include a detailed authorization and release form giving permission for the
release of criminal history and child abuse history information, obtained through the completion of the:

- State Police Criminal Record Check,
- State Child Abuse History Clearance, and
- Federal Bureau of Investigation (FBI) Criminal Background Check, if applicable. If not applicable a signed “Swear and Affirm” document is required.

Applicants who are expected to serve as drivers for program participants as a part of their position will be required to release their motor vehicle record as well. See Form B of this policy manual for the appropriate form.

2) As part of the application process, prospective children’s/youth workers will also complete the Children and Youth Worker Covenant (see Form G of this policy manual for the appropriate form), demonstrating their willingness to abide by the child protection policy of Franconia Mennonite Conference.

3) Persons who have a break in service from Franconia Mennonite Conference of 6 months or more shall submit to screening procedures before returning to any position of responsibility for children and youth. Franconia Mennonite Conference reserves the option to repeat background checks of any staff person or volunteer at the discretion of its leadership.

d. Face-To-Face Interview

1) *Credentialed Leaders and Conference Staff:* During the face-to-face interviews conducted in the process of hiring staff and credentialing ministers, those who will have access to children in the regular course of their work will be questioned according to the guidelines in Form E of this manual (focusing on questions 3-7 and the redirect questions), and those listed in the “Personal History and Motivation” section of the written application for volunteers in Form A of this manual.

2) *Conference Volunteers:* A face-to-face interview for volunteers will be completed prior to assignment by a team of two people, consisting of at least one conference staff person and preferably a conference board or committee member, using the guidelines in Form E of this manual.

e. Reference Checks

All applicants will be required to provide information for three references, which will be checked. The references should be unrelated to the applicant, and be able to speak to the applicant’s ability to work with children and youth. A written record of the contact will be kept on file in the Conference office. See Form F of this policy manual for the appropriate forms.

f. Orientation and Training

1) *Current Credentialed Leaders and Conference Staff:* All credentialed leaders and conference staff who were credentialed or hired prior to December 2007 will be expected to undergo orientation to Franconia
Mennonite Conference’s Child Protection Policy by 12/31/08. This orientation will include introduction to the Child Protection Policy.

2) **Credentialed Leaders and Conference Staff:** Orientation of a newly credentialed minister or Conference Staff person to Franconia Mennonite Conference’s Child Protection Policy must take place within the first year of ministry. A typical orientation will include review of the Conference’s expectations of someone serving in his/her position, a review of the Child Protection Policy, and *Mandated Reporter* training. Every three years credentialed leaders are required to review the Conference’s Child Protection Policy, signing a document indicating they have received and reviewed the policy. In addition, Credentialed Leaders will be required to complete *Mandated Reporter* training to receive their renewed credentials.

3) **Conference Volunteers:** Any supervisor of volunteers working with children and youth is responsible for designing and conducting an appropriate orientation session for the volunteers for whom he/she is responsible. The orientation of a new volunteer must take place within the first month of volunteer service. A typical orientation will include review of the Conference’s expectations of someone serving in his or her position, a review of the Child Protection Policy.

4) All credentialed leaders, Conference Staff, and Conference volunteers will also attend a training session led by the Franconia Conference Child Protection Leadership Team on the Conference’s Child Protection policy once every three years during the credential renewal process. The training will be offered annually for newly credentialed leaders.

g. **Conditions of Acceptance for – and Grounds for Removal from – Positions Working with Children and Youth**

Employees or Volunteers who match the following criteria will be disqualified for work with children and youth at Franconia Mennonite Conference. These are also grounds for removal from a position working with children and youth:

1) Failure to complete the screening/application process.

2) Failure to accurately report criminal/child abuse history.

3) History of and/or conviction of any criminal act identified by the Commonwealth of Pennsylvania as a disqualifying crime.

4) Termination from a paid or volunteer position caused by any form of misconduct with a child/youth, including but not limited to inappropriate discipline or affection.

5) Current drug or alcohol abuse.

6) Poor driving record (if the position requires transportation of children/youth).
2. **Supervision of Volunteers**

Franconia Mennonite Conference has established clear lines of authority and supervision for the volunteers serving the Conference. Volunteers will be supervised by an identified Conference Staff person or qualified Conference representative. Volunteer performance is monitored on an ongoing basis and evaluated more formally each year through the practice of a one-on-one meeting with each volunteer’s direct supervisor.

3. **Volunteer Dismissal**

1. Volunteers serving Franconia Mennonite Conference may be dismissed at any time when the Conference Staff person or qualified Conference representative supervising the volunteer determines that:

   a. The volunteer is indifferent with regard to the Conference's essential rules and requirements.
   
   b. The volunteer cannot adequately perform the job for which they have been retained.
   
   c. The volunteer's continued service presents an unacceptable danger to the Conference or its personnel or clients.

2. At the time of dismissal departing volunteers will be provided with a letter thanking them for their past service and explaining the reason why their continued service is no longer required.

3. All volunteer dismissals will be reviewed by the Executive Minister in advance of taking action.

D. **Transportation**

1. **Authorized Vehicle Use Policy**

Providing transportation services to young people is a mission-critical function. However, the Conference recognizes its responsibility to provide safe and efficient transportation. The following rules apply to all drivers and vehicles:

   a. Only people approved and authorized by Franconia Mennonite Conference are permitted to drive either a Conference-owned vehicle or any other vehicle on the Conference's behalf. All approved drivers must provide proof of their possession of:

      (1) a valid driver's license,
      
      (2) acceptable driving record,
      
      (3) personal automobile insurance,
      
      (4) State Police Criminal Record Check,
      
      (5) State Child Abuse History Clearance, and
      
      (6) Federal Bureau of Investigation (FBI) Criminal Background Check, if applicable. If not applicable a signed “Swear and Affirm” document is required.
b. *Occasional drivers:* Those who rarely drive for children’s/youth activities (less than once every three months) may be approved by filling out the Driving History/Record Release Form and Driver Agreement. See page Form B this policy manual for the appropriate forms.

c. *Regular drivers:* Those who frequently drive for children’s/youth activities as part of their staff or volunteer position may be approved through the application process for their position. This process includes filling out the Driving History/Record Release Form and Driver Agreement. See page Form B this policy manual for the appropriate forms.

d. Conference–owned vehicles are to be used within the approved guidelines for use and are not to be driven for personal use without the permission of the Executive Minister or his/her designee.

f. All persons who drive on Franconia Mennonite Conference’s behalf are subject to oversight by a Conference Staff person or qualified Conference representative.

g. Any complaints or information received by Franconia Mennonite Conference about unsafe or illegal driving will be reviewed to determine if any corrective action is needed. Such a review may require an updated Motor Vehicle Records check.

2. **Driver Ineligibility**

Those drivers who exceed the recommended guidelines for accidents or violations are ineligible to drive a vehicle owned by Franconia Mennonite Conference or any other vehicle on the Conference’s behalf.

A driver will not be approved if he or she has in his/her driving record in the past seven years:

a. 1 major violation or  
b. 3 or more moving violations or  
c. 2 or more accidents or  
d. 1 at-fault accident and 2 moving violations.

3. **Driver Training for those operating vehicles owned by Franconia Mennonite Conference**

Franconia Mennonite Conference recognizes the importance of training its drivers. All approved drivers of a Conference vehicle must attend a driver orientation meeting prior to being permitted to drive for the Conference. In addition, all approved drivers of a Conference vehicle must participate in ongoing driver training programs as scheduled by the Conference on an annual basis.

4. **Vehicle Selection**

Franconia Mennonite Conference does not permit vehicles larger than 15-passenger vans to be used on the Conference’s behalf. Any vehicle larger than a 15-passenger van must have a contracted and state approved driver.

5. **Vehicle Maintenance**
a. Conference-owned vehicles:

It is the policy of Franconia Mennonite Conference to inspect all vehicles, except personal vehicles, at least monthly. Vehicle operators/conference staff are responsible for ensuring vehicles are serviced/maintained according to the manufacturer's recommended schedule. Any safety problems on vehicles owned by Franconia Mennonite Conference will be reported by vehicle operators/conference staff to the Executive Minister and Director of Finance immediately for proper follow-up.

b. Personal vehicles

Any safety problems on personal vehicles must be addressed by the owner before using the vehicle to transport children/youth of the Conference.

6. Accident Procedures

See Unusual Incident Report found in Form H of this policy manual.

E. Child Abuse Prevention Overview

Franconia Mennonite Conference recognizes that child abuse is a serious problem. It is often committed by a person who is a caretaker of a child or in a position of trust and authority. Child abuse is not accidental and can be physical, sexual, mental, emotional, or spiritual. Detailed definitions of child physical, emotional, and sexual abuse can be found on pages 58-63 of this policy manual.

While abuse in any form can be devastating to a child, of particular concern to Franconia Mennonite Conference is child sexual abuse, which affects one in five girls and one in 20 boys in the United States according to the U.S. Department of Health and Human Services’ Children’s Bureau report Child Maltreatment 2010. Because of the high levels of access and trust that are provided to workers in faith community settings such as Franconia Mennonite Conference special care must be taken to prevent and address child sexual abuse. The following policies are intended to ensure that Franconia Mennonite Conference serves young people in the safest environment possible by encouraging adults to take responsibility for their individual roles in child protection.

1. Guidelines for Child Abuse Prevention

   a. Use a Team Approach – The Two-Adult Rule

      (1) Two approved adult workers will be present during any church activity involving minors. Preferably these adults would not be related. Approved young leaders (under age 18) may assist in classrooms with adult supervision, but may not substitute for the leadership of an adult and will never be left alone with a child or group of children.

      (2) Children over 5 will also use a “buddy system” when traveling throughout the building for activities such as using the restroom or locating a parent. Children under five will be accompanied to the restroom by an adult and given assistance as needed. The stall door should remain open if a child is being assisted.

   b. Provide Adequate Personnel
Programs that involve children and youth will always include adequate supervisory personnel. Supervision will be maintained before and after the event until all children are in the custody of their parents or legal guardians.

1) The following ratios will be observed:
   (a) **Under 3 years of age:** Two adults (preferably one of each gender), plus additional adults to match these ratios:
       - 0 to 1 years: 1 adult to 5 children
       - 1 to 3 years: 1 adult to 6 children
   (b) **3 years and over:** Up to 20 children/youth, 2 adults (preferably one of each gender) plus 1 additional adult for every 1 to 10 additional children/youth.

   Example:
   - 1-20 children = 1 male and 1 female adult (at least)
   - 21-30 children = 1 male and 1 female plus 1 extra adult
   - 31-40 children = 1 male and 1 female plus 2 extra adults,
   - and so on.

2) On all overnight events, a minimum of two screened workers will be in attendance, with at least 1 adult per room in sleeping arrangements. One-adult/one-child sleeping arrangements are prohibited, including sharing a bed in a room with other people.

c. Minimize One-Child/One Adult Situations

   1) All interactions between children/youth and adults must be visible to others, preferably with more than one adult and more than one child present. If private conversation is required, it may occur out of earshot of others, but not out of sight. Activities will be observable and interruptible at all times.

   2) All classrooms and other areas used by minors must have a window in the door or the door must be left open during use if this does not pose a safety risk. Open doors must be gated for classrooms of children under 5.

   3) At least one (and preferably two – one male and one female) “Roving” Children’s/Youth Ministries team member will monitor the doors, circulate through the church/organizations building and provide assistance as needed during worship, Sunday School, and other children’s/youth activities.

d. Use Appropriate Discipline and Expressions of Affection

   1) Use appropriate hugs and touches that are reassuring or comforting, not uncomfortable or hurtful. The following are prohibited: total body-to-body hugs, touching in private areas or kissing on the lips.

   2) Use warm, caring verbal comments.
(3) Do not use demeaning or blaming comments, verbal put-downs, hurtful discipline or corporal punishment.

(4) Use constructive, age-appropriate discipline suited to the behavior and the child.

(5) Do not withhold food as a form of discipline.

(6) Be aware of and sensitive to what makes a child feel uncomfortable.

(7) Respect a child/youth's refusal of affection.

e. Obtain Parental Permission

   Children and youth must have written parental permission for involvement in the programs and activities of Franconia Mennonite Conference. See Form M of this policy manual for annual and trip-specific permission forms. Church workers will obtain the consent of the child's parent or guardian by phone if an emergency situation necessitates that an adult will be alone with that child.

f. Use a Church Nursery Identification Procedure

   Nursery personnel will clearly identify the child and the child's parent or legal guardian. Children will only be released to a properly identified and pre-authorized adult. See Form N of this policy manual for a copy of the Nursery Sign In/Out Sheet.
IV. RESPONDING TO UNUSUAL INCIDENTS

All incidents in which a child/youth’s safety is compromised or violated (i.e. accidents, injuries, altercations, etc.) will be considered an “unusual incident,” requiring the completion of the Unusual Incident Form H of this policy manual. The Unusual Incident Form must be completed and turned in to the Executive Minister of Franconia Mennonite Conference by an involved adult, an adult witness to the incident, within 24 hours of the occurrence of the incident. The Executive Minister of Franconia Mennonite Conference will share any Unusual Incident Report submitted to him/her with the Child Protection Leadership Team of Franconia Mennonite Conference.

Special instructions for certain scenarios are listed below:

A. Vehicle Accident Procedures

Persons authorized to drive for Franconia Mennonite Conference will follow this procedure if they are involved in an accident while driving any vehicle for the Conference:

1. Call 911. Tend to any medical needs.
2. Do not discuss the accident or admit fault to any other driver involved or bystander.
3. Fill out the Unusual Incident Form within 24 hours of the accident, and turn it in to the Executive Minister with special attention to Vehicle Accident Information.

B. Reporting Child Abuse

1. Know the Facts about Child Abuse
   a. Learn more by reading some of the recommended materials on page 68 of this manual, or by attending trainings on the subject. Franconia Mennonite Conference and other local child-serving agencies may also offer relevant trainings for members of the Conference and the wider community.
   b. Using the introductory material on child abuse and childhood stress available for your reference on page 63 of this policy manual, assess the condition and situation of the child whom you suspect may be experiencing child abuse.

2. Discuss Suspicious Behavior Immediately
   a. All those involved in the ministries of Franconia Mennonite Conference should be alert to inappropriate behavior by adults and older children/youth and signs of abuse.
   b. Any inappropriate conduct or relationship between a Conference staff person, volunteer, credentialed leader, or any family or community member and a child/youth should be reported immediately to the Child Protection Leadership Team of Franconia Conference, Ministerial Committee and the Executive Minister of Franconia Conference. If believed to have reasonable cause to suspect that a child under the care, supervision, guidance or training of Franconia Mennonite Conference or designated staff, volunteer, or
credentialed leader is an abused child, report child abuse through ChildLine in Pennsylvania by calling 800-932-0313 or online at https://www.compass.state.pa.us/CWIS/Public/Home, or the equivalent in the state in which the incident occurs.

c. Any suspicious behavior will be immediately investigated per the instructions below.

3. Reporting Obligations

a. According to the Pennsylvania Child Protection Services Laws updated in 2014 the following individuals are listed as mandated reporters and exist within Franconia Mennonite Conference:

- An employee of a child care service over the age of 14, who has direct contact with children in the course of employment;
- Clergyman, priest, rabbi, minister, Christian Science practitioner, religious healer or spiritual leader of any regularly established church or other religious organization;
- An individual **paid or unpaid**: who, on the basis of the individual’s role as an integral part of a regularly scheduled program, activity or service, accepts responsibility for a child;
- An individual supervised or managed by a person listed above who has direct contact with children in the course of their employment; and
- An independent contractor who has direct contact with children.

b. In addition to any legal requirements for reporting suspected abuse, there is also a moral imperative to report in order to protect children from harm. Even if a church worker or volunteer is not a mandatory reporter of child abuse and neglect, any such person suspecting abuse or neglect is required by Franconia Mennonite Conference to make a report.

c. All workers should also know how to report this information to Conference leaders in a discrete and confidential way. All should understand that reporting reflects care and concern, rather than disloyalty or recrimination.

d. Reporting procedures for all those involved in the ministries of Franconia Mennonite Conference are outlined below. The individual reporting the conduct is protected from legal and civil liability if the report is made in good faith.

4. How to Report Suspected Abuse – In the event of suspected child abuse, the following steps will generally be taken:

a. Initial Actions and Reports of Any Concerned Adult

   (1) If a child verbally reports abuse to an adult or if an adult observes/suspects suspicious behavior between another adult or older youth and a child:
(a) Secure the child’s safety: If the child is in imminent danger, seems fearful to return home after a disclosure of abuse, or needs immediate medical attention, call 911.

(b) Report the information immediately:
   i. Mandated Reporters must call ChildLine at **1-800-932-0313** and make a report or go to: https://www.compass.state.pa.us/CWIS/Public/Home. Others should call ChildLine at **1-800-932-0313** and make a report or go to: https://www.compass.state.pa.us/CWIS/Public/Home and complete form CY-47 and submit to the Executive Minister or designated Conference staff person.
   
   ii. Call the Executive Minister to inform him/her orally of your concern unless the Executive Minister is the person accused, in which case you should refer to the Franconia Mennonite Conference Ministerial Sexual Misconduct Policy and Procedure for further instructions.
   
   iii. Call the Conference Child Protection Leadership Team at 267-932-6050 to inform the Team of your concern.
   
   iv. If the alleged offender is a credentialed minister, follow the process outlined in the Franconia Mennonite Conference Ministerial Sexual Misconduct Policy and Procedure, in addition to the reporting procedure outlined here.

(c) Generally do not discuss the incident with anyone else, unless requested by the pastor or other authorities.

(d) Tips to remember while acting on suspicions or report of abuse:
   i. Stay calm and listen carefully to the child.
   ii. Take the child’s word seriously and keep any physical evidence.
   iii. Do not ask leading questions or probe for more details. It is better to wait for a trained professional to thoroughly investigate the situation and interview the child. It is appropriate to say, “Tell me more,” or ask other open-ended questions.
   iv. Give emotional support, reminding the child that he/she is not at fault and that he/she was courageous and right to tell you about the problem.
   v. Express your own sincere emotions. Tell the child how sad you feel that this has happened. Tell him/her how sad God feels when a child is hurt.
   vi. Assure the child that you will do everything you can to make the abuse stop. Explain that in order to help, you must tell some other people.

B. Executive Minister’s Actions and Reports
(1) Maintain complete confidentiality with regard to all conversations with the child and the accused adult that can be construed as confidential communications. This includes maintaining confidentiality when completing the written documentation outlined below.

(2) Report suspected child abuse as required by law. Credentialed leaders are mandated reporters in Pennsylvania, so it is your duty to ensure that child abuse is reported. Follow-up with the designated contact ChildLine yourself to be sure your legal requirement to report is fulfilled, and to avoid any possible penalties for failure to report.

(3) Document every conversation and contact on the Pastoral Report Form see Form J of this manual. Place documentation directly in a locked file accessible only to you.
   (a) If the alleged offender is not a parent/guardian, notify the child’s parents/guardians. If the alleged offender is a parent/guardian, seek advice from ChildLine and the Franconia Mennonite Conference Child Protection Leadership Team before contacting the home.
   (b) If appropriate, outline the response procedure to the child and parents/guardians.
   (c) Speak directly with the child and anyone involved in reporting the incident for the purpose of assuring them that the child’s safety is the main concern of Franconia Mennonite Conference and its leadership.

(4) Seek ongoing support for your work with the family:
   (a) Cooperate with the County Children and Youth agency in any actions and/or pastoral care.
   (b) Consult with an attorney and Mercer/United Fire Insurance.
   (c) Report all findings and actions to the designated Conference staff person and the Conference Child Protection Leadership Team.

(5) Continue to give pastoral care to all involved, as appropriate.

(6) Tips to remember while acting on suspicions or report of abuse:
   (a) Encourage the family to keep all documents and evidence.
   (b) Work to ensure the safety of the child, in consultation with Children and Youth or the police, if they are involved.
   (c) Assist the child and family with obtaining access to appropriate medical and counseling services.
   (d) When in contact with the alleged offender, follow these guidelines:
      i. Listen, be caring, and sensitive.
      ii. Observe for behaviors such as denial, blaming, minimization, justification, jealousy, hostility and quick remorse.
      iii. Ask questions such as who, where and when.
iv. If the alleged offender is not a parent of the child who reported abuse, provide no information about the child and his/her family, details of the reporting process (i.e. who reported) and who is responding to the child and his/her family.

v. Inform him/her that a team of people will be responding to his/her needs and the issues related to the allegations.

d. Guidelines for Actions and Responsibilities of the Child Protection Leadership Team and/or designated staff person of Franconia Mennonite Conference:

(1) If the alleged offender is a participant in the youth ministry of Franconia Mennonite Conference, remove him/her temporarily from his/her duties and any environment that gives him/her access to children/youth during the investigation.

(a) Communicate with the Franconia Mennonite Conference Child Protection Leadership Team

i. Call the Franconia Mennonite Conference Child Protection Leadership Team at 267-932-6050 within 24 hours to inform them of the incident.

ii. Provide regular updates to the FMC CPLT regarding the ongoing handling of the situation.

(b) Manage Public Communications

i. Designate a spokesperson to be responsible for handling all necessary communications with others in the Conference not directly involved with the suspected abuse situation and the media. No one else should speak on behalf of the Conference.

ii. In consultation with legal counsel and the Care Teams, provide necessary information to the congregation. Give updates as needed to minimize the spread of rumors. Keep dated copies of these statements on file in the church office.

(c) Organize Care Teams

i. Name a Care Team to minister to the child and his/her family, in consultation with the child’s family. Also offer a Care Team to minister to the accused and his/her family (assuming he/she is a member of the congregation.) See Care Team Guidelines below.

ii. Receive recommendations from the Care Teams, make decisions about any disciplinary actions or accountability plans, and monitor their implementation.

(d) Attend to congregational healing process

i. Make available to the congregation trained people who can help bring healing and assist congregational members in addressing needs.
ii. Evaluate the process of dealing with incidents of suspected child abuse, revising policy as necessary.

e. Care Team Ministry

Each team will have three people, who have had previous training on child abuse and response procedures, and whose involvement does not create a conflict of interest. Someone from the Conference Child Protection Leadership Team will serve as leader for each team.

(1) Guidelines for the Care Team for the child and his/her parents (or guardians):

(a) Meet with the child and his/her family, assess further needs and explain the procedure to be followed.

(b) Offer support and care to the child and his/her family.

(c) Provide a list of qualified counselors/therapists and assist with securing financial help, transportation or other assistance, as needed, to access these professionals.

(d) In the case of multiple victims, provide an opportunity for these individuals to meet together, if they choose, for mutual support.

(e) Maintain confidentiality until the Care Teams and Conference Child Protection Leadership Team agree on further disclosure to the Conference or others involved in the situation.

(f) Complete the Child and Family Care Team Form for each meeting, to document actions and decisions taken see Form K.1 of this manual.

(g) Report to the Conference Child Protection Leadership Team and/or designated staff person and recommend appropriate actions and follow-up.

(h) Work with Conference Child Protection Leadership Team and/or designated staff person and other involved Conference leadership in implementing these recommendations.

(2) Guidelines for the Care Team for the alleged offender and his/her family:

(a) Meet with the alleged offender and his/her family, assess further needs and explain the procedure to be followed.

(b) Offer support and care to the accused and his/her family.

(c) Provide a list of qualified counselors/therapists and assist with securing financial help, transportation or other assistance, as needed, to access those professionals.

(d) Maintain confidentiality until the Care Teams and Conference Child Protection Leadership Team and/or designated staff person agree on further disclosure to the Conference or others involved in the situation.
(e) Complete alleged Offender Care Team Form for each meeting, to document actions and decisions taken see Form K.2 of this manual.

(f) Report to the Conference Child Protection Leadership Team and/or designated staff person and recommend appropriate actions and follow-up.

(g) Work with Conference Child Protection Leadership Team and/or designated staff person and other involved Conference leadership in implementing these recommendations.

5. Response to Investigation

When the investigation by law enforcement (and Franconia Mennonite Conference Ministerial Leadership Committee, if applicable) is complete, the following steps will be taken:

a. If the allegations are unfounded by Children and Youth and law enforcement agencies (and Franconia Mennonite Conference Ministerial Leadership Committee, if applicable), and the information discovered is not a cause for reasonable concern, the Conference Child Protection Leadership Team and/or designated staff person, in collaboration with the Care Teams and other involved Conference leadership, will:

   (1) Share information about actions taken, as needed, with the child, his/her family and the congregation.

   (2) Reinstate the accused to any position from which he/she had been removed due to the allegation.

b. If the allegations are unfounded by the Children and Youth and law enforcement agencies (and Franconia Mennonite Conference Ministerial Leadership Committee, if applicable), but the information discovered remains a cause of reasonable concern, the Conference Child Protection Leadership Team and/or designated staff person, in collaboration with the Care Teams and other involved Conference leadership, will:

   (1) Hold the offender responsible and accountable for the behavior.

   (2) Require education and/or counseling to correct unhealthy behavior patterns.

   (3) Remove the offender from environments where children and youth are involved for a stated period of time. Reinstatement to any kind of ministry with children and youth will be dependent upon open and frequent communication between the Conference Child Protection Leadership Team and any treatment providers working with the offender.

   (4) Share information about actions taken, as needed, with the child, his/her family and the congregation.

c. If the allegations are determined to be founded by Children and Youth and law enforcement agencies (and Franconia Mennonite Conference Ministerial Leadership Committee, if applicable), the Conference Child Protection
Leadership Team, in collaboration with the Care Teams and other involved Conference leadership will:

1. Support all recommendations and requirements of those involved in the treatment and supervision of the offender.

2. Support those seeking to provide for the needs of the child in medical care, counseling, etc.

3. Permanently remove the offender from any environment where children and youth are involved.

4. Require the offender to obtain specialized counseling.

5. Protect others from harm and protect the integrity of the church’s ministry.

6. Monitor the progress and accountability of the offender through a Circle of Support and Accountability. For more information on setting up a Circle of Support and Accountability in your Conference, please contact the Franconia Mennonite Conference Child Protection Leadership team.
V. JOB DESCRIPTIONS

A. Child Protection Leadership Team of Franconia Mennonite Conference

Franconia Mennonite Conference is calling a team of individuals to implement its Child Protection Initiative in each of its congregations and Conference Related Organizations (as appropriate). This team will serve as the primary planning, resourcing, support, and oversight group for the work of child protection and child abuse recovery throughout the Conference.

The Team will work in close collaboration with a recommended trainer in child protection and child abuse recovery. One important goal of this collaborative work will be to create structures for the Child Protection Initiative that build it into the ongoing mission and work of the Conference as it relates to direct services to children.

Members of the Child Protection Leadership Team commit to:

- Becoming well-versed in the language, law, issues, policies and procedures of child protection and child abuse recovery.
- Meeting 1-2 times quarterly for training, planning, and team building. (Frequency of regular meetings will likely lessen as the team and the Child Protection Initiative become established).
- Serving as the Response Team for incidents of safety violation from any Franconia Mennonite Conference congregation or CRM. The responsibilities of a Response Team include, but are not limited to:
  - Establishing a “hotline” for reports and staffing it.
  - Reviewing information received through the “hotline” and collaborating with the appropriate Congregational/CRM Response Team to coordinate a suitable action plan, including making a report to the proper legal authorities, as necessary.
  - Communicating openly and frequently with other Child Protection Leadership Team members and collaborating with law enforcement and child advocacy professionals as appropriate to address any incident requiring ongoing follow-up.
  - Supporting ministers and congregational/CRM Response Teams as they provide pastoral care for involved parties in a safety violation (lay leaders, parents, children, etc. -- including anyone suspected of maltreatment or negligence of children) throughout any disciplinary or legal process that follows the report. If the person suspected of maltreatment or negligence of a child is the minister of a congregation or director of a CRM, the Franconia Mennonite Conference Child Protection Leadership Team will serve as the primary unit for coordination of an action plan, in close collaboration with the appropriate Conference Minister.
- Maintaining strict confidentiality for the involved child(ren) and person(s) suspected of maltreatment or negligence toward the child(ren).
- Handling communications with congregation(s), organization(s), the community, and the media as determined necessary through planning with the
Congregational/CRM Child Protection Leadership Team, law enforcement and child advocacy professionals.

- Assisting Congregational/CRM Child Protection Leadership teams in processing written applications and conducting interviews for potential candidates for work in children’s and youth ministry as requested.
- Representing the Child Protection Leadership Team as necessary at trainings and other meetings related to the Franconia Mennonite Conference Child Protection Initiative.
- Monitoring congregations and CRMs to ensure policy compliance. This will be accomplished in collaboration with Conference Ministers.

Members of the Child Protection Leadership Team may also wish to:

- Plan trainings and implement them.
- Organize and offer worship services with special themes related to children’s ministries, abuse recovery, and child abuse prevention.
- Lead discussions on human sexuality.

Traits of a first-rate team member:

- Respected in the congregation and community.
- Team player.
- Good listener.
- Compassionate/empathetic.
- Courageous and calm in crises.
- Perseveres through challenging situations and resistance.
- Demonstrates self-care in times of stress.
- Has clear criminal and child abuse background checks within the past year.

The following qualifications of team members are preferred:

- Professional experience dealing with children’s issues
- Teachers, daycare providers, afterschool program staff, social workers, youth ministers, pediatricians, and others with work experience serving children.
- Anyone who has experience creating/implementing child protection plans in a congregation or other child-serving organization.
- Personal experience as a survivor of child abuse or concerned friend or family member of an abuse survivor. Adequate progress in recovery and social support should be demonstrated to ensure continued personal safety and healing.
VI. FORMS

In creating this policy manual, it was the intention of the Franconia Mennonite Conference Child Protection Leadership Team to provide not only recommendations for policy, but also the tools and educational materials needed to implement the policy properly.

The “tools” are found in the forms section of the policy manual template. They may be used as presented, or customized as necessary.
Form A

CHILDREN/YOUTH VOLUNTEER APPLICATION, P. 1

Application Date: _______________ Position Sought: _____________________________

Name______________________________________________________________

Home Address__________________________________________________________

Work Phone_________________________ Home Phone________________________

Highest Level of Education______________________________________________

My employment/volunteer experience in the past five years includes: (Attach additional pages as necessary.)

**Employer/Organization**

Your position/Title_______________________________________________________

Dates of Involvement (starting, ending) ______________________________________

**Employer/Organization** Address________________________________________

Contact Person_______________________________ Phone Number______________

**Employer/Organization**

Your position/Title_______________________________________________________

Dates of Involvement (starting, ending) ______________________________________

**Employer/Organization** Address________________________________________

Contact Person_______________________________ Phone Number______________

**Employer/Organization**

Your position/Title_______________________________________________________

Dates of Involvement (starting, ending) ______________________________________

**Employer/Organization** Address________________________________________

Contact Person_______________________________ Phone Number______________
CHILDREN/YOUTH VOLUNTEER APPLICATION, P. 2

Other Experience

Special training, skills, hobbies:

Groups, clubs, organizational memberships:

Prior experience not previously mentioned specific to working with children and youth:

References

Please list three people (outside of your family) who know you well and can attest to your character, skill, and dependability in general, as well as in relation to how you work with children and youth. You may duplicate one of the contacts in the “previous experience” section.

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<th>Contact Name</th>
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Personal history and motivation

Why do you want to volunteer for this position?

Have you ever been exposed to an incident of child abuse or neglect? ___No ___Yes

If yes, how did you feel about the incident? Also, please describe any actions you took to address it.
CHILDREN/YOUTH VOLUNTEER APPLICATION, P. 3

Describe how you were disciplined as a child:

What methods do you use to discipline children?
Disclosure

I have never been found guilty, or pled guilty or no contest, to a criminal charge. ☐ True ☐ Not true
If not true, give a short explanation of the charge on the back of this page. (Please indicate the date, nature, and place of the incident leading to the charge; where the charge was filed; and the precise disposition of the charge.)

No civil lawsuit alleging actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct has ever resulted in a judgment being entered against me, been settled out of court, or been dismissed because the statute of limitations has expired. ☐ True ☐ Not true
If not true, on the back of this page, give a short explanation of the lawsuit. (Please indicate the date, nature, and place of the incident leading to the lawsuit; where the lawsuit was filed; and the precise disposition of the lawsuit.)

I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credentials, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct. ☐ True ☐ Not true
If not true, give a short explanation on the back of this page. (Please indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor; and nature of the incident(s) leading to your termination.)

Is there any fact or circumstance involving you or your background that would call into question your being entrusted with the responsibilities of the position for which you are applying? ☐ Yes ☐ No
If yes, please provide a brief explanation on the back of this page.

Read carefully before signing this application:

The covenants between persons seeking sanctioned volunteer positions in Christian community require honesty, integrity, and truthfulness for the health of the church. To that end, I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any misrepresentation or omission may be grounds for rejection of consideration for, or termination from, the position I am seeking to fill. I acknowledge that it is my duty in a timely fashion to amend the responses and information I have provided if I come to know that the response or information was incorrect when given or, though accurate when given, the response or information is no longer accurate.

Beginning sanctioned volunteer relationships in Christian community with an open exchange of relevant information builds the foundation for a continuing and healthy covenant between employees or volunteers and the church they seek to serve. To that end, I authorize Franconia Mennonite Conference and/or its agents to make inquiries regarding all statements I have set forth above. I hereby consent to permit Franconia Mennonite Conference to contact anyone it deems appropriate to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone providing such information. I further authorize all persons, schools, companies, organizations, and law enforcement agencies to supply all information concerning my background and to furnish reports thereon and I hereby release them and any organization affiliated with Franconia Mennonite Conference from any and all liability and responsibility arising from their doing so.

Franconia Mennonite Conference’s hiring and authorized volunteer recruitment process involves the distribution of information regarding applicants with those persons in a position to recruit, secure, and supervise the position I am seeking to fill. To that end, I authorize Franconia Mennonite Conference and its agents to circulate, distribute, and otherwise share information gathered in connection with this application to such persons for these stated purposes. I understand that Franconia Mennonite Conference will share with me information it has gathered about me, if I request it to do so.

__________________________________________
Applicant’s signature

__________________________________________
Date

__________________________________________
Parent’s or Guardian’s signature for applicants under 18

__________________________________________
Date
Form B

DRIVING HISTORY/RECORD RELEASE FORM
(for applicants over age 21)

Driver Name ____________________________
License Number ____________________State______

Check any statement that describes an event in your driving history over the past 7 years.

Major violations
- Manslaughter or negligent homicide using a motor vehicle
- Driving while license is suspended or revoked
- Operating a motor vehicle for the commission of a felony
- Aggravated assault with a motor vehicle
- Permitting an unlicensed person to drive
- Reckless driving
- Fleeing or evading police or roadblock
- Resisting arrest
- Racing
- Hit and run (bodily injury or property damage)
- Failure to report an accident
- Illegal passing of a school bus
- Having a license suspended related to moving violations
- Other violations considered serious by state law, specifically:
  ___________________________________________________________________

Moving violations
- Speeding ___
- Improper lane change ___
- Failure to yield ___
- Failure to obey traffic signal or sign ___
- Careless driving ___

Accidents
- No fault ___
- At fault ___

Form B, p. 2
Driver Agreement

If approved as a driver for Franconia Mennonite Conference, I agree to:

1. Maintain a valid inspection on my vehicle
2. Require the use of seatbelts by all occupants
3. Refrain from the use of cell phones while driving
4. Report any incident involving my car or its passengers during activities sponsored by Franconia Mennonite Conference within 24 hours of the incident, using an Unusual Incident Form.

I certify that all information on this form is true and correct to the best of my knowledge. I give permission to representatives of Franconia Mennonite Conference to obtain my motor vehicle record from state authorities to verify the contents of this form. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar causes of action, against anyone providing, or seeking such information.

_________________________  ____________________________
Driver’s Signature                     Date
Form C

Instructions for Completing the Pennsylvania Child Abuse History Clearance

Please read the instructions prior to downloading the form. To request a supply of the forms, please call (717)783-6211.

1. Type or print clearly and neatly in ink Section I only.

2. Address must be Applicant's current home address.

3. All information must be completed in full. (The form asks for all previous names, addresses, and household members since 1975). This information must be provided to the best of your knowledge and belief. If necessary, attach additional pages.

4. Application must be signed.

5. Enclose a $10.00 money order for each application. No cash or personal checks accepted. Agency or business checks are acceptable.

6. Do not send any postage paid return envelopes.

7. Application should be placed in a business-sized or larger envelope prior to mailing.

8. One block must be checked for Purpose for Clearance. Do not check more than one block.

   A. Check the Volunteer Block if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League or churches. A copy of your Criminal Record Check results obtained within the past year must be attached. Do not send original Criminal Record results. If you are not a Pennsylvania resident, you must also attach a copy of your FBI results obtained within the past year. This block should not be checked for anyone volunteering in schools.

   B. Check the School Block if seeking to have involvement within a school (public, private vocational, technical, nursing) for any reason.

   C. Check the Foster Care Block if applying for foster parenting or custody of a child.

   D. Check the Adoption Block if in the process or planning to adopt a child.

   E. Check the Child Care Block if planning to work in a day care setting or if all other blocks do not apply.

   F. Check the CWEP Block if you are participating in a Department of Public Welfare training program. The signature and phone number of the County Assistance Representative is required.

9. Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. There will be no replacements after 90 days. Failure to comply with the above instructions will cause considerable delay.
**Form C, pg. 2**

### PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an $8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. DO NOT send cash.

Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months. Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170. APPLIANCES THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

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<th>PURPOSE OF CERTIFICATION (Check one box only)</th>
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<tr>
<td>Foster parent</td>
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<td>Prospective adoptive parent</td>
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<td>Employee of child care services</td>
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<td>School employee governed by the Public School Code</td>
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<td>School employee not governed by the Public School Code</td>
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<td>Self-employed provider of child care services in a family child care home</td>
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<td>An individual 14 years of age or older applying for or holding a paid position as an employee</td>
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<tr>
<td>An individual seeking to provide child care services under contract with a child care facility or program</td>
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<tr>
<td>An individual 18 years or older who resides in the home of a foster parent, licensed child care home, family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year</td>
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<tr>
<td>An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year</td>
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| AGENCY/Organization NAME | PAYMENT AUTHORIZATION CODE IF APPLICABLE |

- [ ] Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you agree that the organization will have access to the status and outcome of your certification application.

### APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

- **FIRST NAME**
- **MIDDLE NAME**
- **LAST NAME**
- **SUFFIX**
- **SOCIAL SECURITY NUMBER**
- **GENDER**
- **DATE OF BIRTH (MM/DD/YYYY)**
- **AGE**

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6305(e)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children: adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

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<th>HOME ADDRESS</th>
<th>MAILING ADDRESS (If different from home address)</th>
<th>OTHER ADDRESS (If Consent/Release of Information Authorization form is attached)</th>
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- [ ] Different mailing address
- **ATTENTION**

### CONTACT INFORMATION

- **HOME TELEPHONE NUMBER**
- **WORK TELEPHONE NUMBER**
- **MOBILE TELEPHONE NUMBER**

**EMAIL** (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)
### PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

#### PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)

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#### PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)

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#### HOUSEHOLD MEMBERS

(Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)

<table>
<thead>
<tr>
<th>Name (First, Middle, Last)</th>
<th>Relationship</th>
<th>Present Age</th>
<th>Gender</th>
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<td>person(s) who raised you</td>
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I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4004 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT’S SIGNATURE

DATE

### CHILDLINE USE ONLY

<table>
<thead>
<tr>
<th>DATE RECEIVED BY CHILDLINE</th>
<th>SUFFICIENT PAYMENT INFORMATION RECEIVED</th>
<th>CERTIFICATION ID #</th>
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<tr>
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<td>□ YES □ NO</td>
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<td>□ VALID PAYMENT AUTHORIZATION CODE</td>
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<td>□ WAIVED (supervisor initials)</td>
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INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

General:
- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an $8.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of “volunteer having contact with children” may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- DO NOT SEND POSTAGE PAID RETURN ENVELOPES for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the Childline and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant’s child abuse history certification application.

Purpose of Certification - Do not check more than one box:
- Check the foster parent box if applying for purposes of providing foster care.
- Check the prospective adoptive parent box if applying for the purpose of adoption.
- Check the employee of child care services box if applying for the purpose of child care services in the following:
  - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the school employee governed by the Public School Code box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the school employee not governed by the Public School Code box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:
- Any school of a school district.
- An area vocational-technical school.
- A joint school.
- An intermediate unit.
- A charter school or regional charter school.
- A cyber charter school.
- A private school licensed under the act of January 28, 1988 (P.L. 24, No. 11), known as the Private Academic Schools Act.
- A private school accredited by an accrediting association approved by the state Board of Education.
- A non-public school.
- An institution of higher education.
- A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
- The Hiram G. Andrews Center.
- A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.

- Check the self-employed provider of child-care services in a family child-care home if providing child care services in one’s home (other than the child’s own home) at any one time to four, five, or six children who are not relatives of the caregiver.
- Check the individual 14 years of age or older who is applying for or holding a paid position as an employee box if the employment is with a program, activity, or service, as a person responsible for the child’s welfare or having direct contact with children.
- Check the individual seeking to provide child care services under contract with a child care facility or program box if you are providing child care services as part of a contract or grant funded program.
- Check the box for individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability or host home for children for at least 30 days in a calendar year if you are an adult household member, excluding an individual with an intellectual disability or chronic psychiatric disability receiving services, in one of these types of settings and require certification.
- Check the box for individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year if you are an adult household member in this setting and require certification.
- Check the volunteer having contact with children box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child’s welfare or having direct
volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are NOT applying for a volunteer in one of the organizations listed, please check the other box and write the name of the organization in the space provided.

- Check the PA Department of Human Services employment & training program participant box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature AND phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.

- If you were provided a "PAYMENT AUTHORIZATION CODE" by an organization, please provide the agency/organization name in the space provided and the payment authorization code in the space provided.

- Please check the CONSENT/RELEASE OF INFORMATION box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is NOT attached to the certification application, the results WILL be mailed to the applicant's home address and not to the third party.

**Applicant Demographic Information:**

- **Name:** Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.

- **Social Security number:** Include the applicant's social security number. A social security number is voluntary. HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.

- **Gender:** Please check one box.

- **Date of birth:** Fill in the applicant's date of birth (Example: 01/22/1990).

- **Age:** Fill in the applicant's current age.

**Address:**

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the different mailing address box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. Note: If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

**Contact Information:**

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.

- Please provide an email address. By providing an email address, you are consenting to Childline contacting you by email in the event that you cannot be reached by phone. NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.

**Previous Names Used Since 1975:**

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

**Previous Addresses Since 1975:**

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

**Household Members:**

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section MUST include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

**Signature:**

- Applications MUST be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

**CHILDLINE USE ONLY:**

- Please DO NOT WRITE in this section. This is for CHILDLINE staff only.

**Additional Information:**

Applications can visit https://www.compass.state.pa.us/CWIS for more information about submitting the child abuse certification online or to register for a business/organization account.
Form D

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK

This form is to be completed in ink by the requester – information will be mailed to
the requester only. If this form is not legible or not properly completed, it will be
returned unprocessed to the requester. A response may take four weeks or longer.
Warning: A person commits a misdemeanor of the third degree if he/she makes a written false
statement, which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
https://epatch.state.pa.us

NAME/ Requester

ADDRESS

CITY/STATE/ ZIP CODE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

NAME/SUBJECT OF RECORD CHECK (FIRST) (MIDDLE) (LAST)

MAIDEN NAME AND/OR ALIASES SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YYYY) SEX RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester
against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests $10.00

***MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA***

☐ INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

☐ ADOPTION (DOMESTIC)

☐ ATTORNEY

☐ BANKING

☐ BAR ASSOCIATION

☐ CHURCH

☐ CHILD CARE

☐ EDUCATION

☐ ELDER CARE

☐ EMERGENCY MANAGEMENT

☐ EMPLOYMENT/Screening

☐ POSTER CARE

☐ HEALTHCARE

☐ HOUSING

☐ INSURANCE LICENSE

☐ MENTAL HEALTH

☐ NURSE AID TRAINING

☐ OTHER

☐ PASSPORT

☐ PRIVATE INVESTIGATIONS

☐ SOCIAL SERVICES

☐ TENANT CHECK

☐ VISA

☐ VOLUNTEER AMBULANCE/FIREFIGHTER

☐ VOLUNTEER

☐ ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED
FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919
Form E

Children and Youth Volunteer Face-to-Face Interview Format

Date________________________________

Applicant Name__________________________________________________________

Interviewer(s) ____________________________________________________________

1. Why are you interested in this position?
2. How would you describe yourself?
3. What is there about children that makes you enjoy working with them?
4. Tell me about an experience where you had to discipline someone else’s child.
5. What is there about this position that appeals to you most?
6. In what kind of supervisory style do you prefer to work?
7. What was your childhood like?
8. Tell me about any experiences you have had working with people unlike you.
9. How do you work through conflict?
10. Have you ever been convicted of a criminal offense? Please explain.
11. What do you hope to get from a volunteer experience?
12. What questions or concerns do you have about volunteering with Franconia Mennonite Conference?
13. Is there any other information you would like to share about yourself?

General Impressions:

Concerns:

Interviewer(s)’ signature(s) ____________________________ Date

Redirect Questions
Used to clarify when an applicant indicates a history of child abuse or alcoholism
1. When did it occur? How old were you? (Look at duration/severity/recent nature/pattern of behavior)
2. What happened?
3. What was the resolution?
4. Where are you at with it today?
5. How might you use what you have learned as a volunteer in this program?
REFERENCE CHECK FORM

Date_____________________

Applicant Name___________________________

Reference Name___________________________

Address_________________________________________________________________

Phone_________________________________e-mail________________________________

Introduction

We are considering _______________for the position of _______________. His/her main responsibilities would include________________________. In addition, there will be a lot of interaction with [children/youth].

Questions

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. How would you describe the applicant’s personal characteristics?
4. Describe how the applicant interacts with people in general.
5. How would you say the applicant relates to children?
6. What are his/her greatest strengths? What are his/her greatest weaknesses?
7. What tasks does he/she prefer to do?
8. Does the applicant follow through on commitments he/she has made?
9. Would you be comfortable having the applicant serve as a [mentor, Sunday School teacher, camp counselor, etc.] to your own child?
10. Have you ever seen this person discipline a child? If so, please describe what you saw him/her do.
11. Do you know of any traits or problems that would be detrimental in the applicant’s ability to work with a child?
12. Why do you feel this would be the right position/opportunity for the applicant at this time?
13. What else that we haven’t covered would you like to tell me that would give me a more accurate picture of this person’s ability to do this particular job?
14. Is there anyone else you would recommend I call to learn more about this applicant’s ability to work with children?

Closing

If you think of anything else it is important for us to know before we place _______________in a position of responsibility for [children/youth], please feel free to call me at_______________________________. Thank you for your time.

Reference check completed by: ________________________________
ADDITIONAL REFERENCE QUESTIONS

For Professional References
1. When/where have you observed the candidate working with children or youth?
2. Does this candidate demonstrate that he/she has realistic expectations with regard to the behavior of children and youth? Please provide examples.
3. Does this individual ask for support from the supervisor or colleagues when needed?
4. Does this candidate enjoy working with children and youth?
5. How long did the candidate work with you? Why did he/she leave?
6. How well does the candidate communicate ideas and opinions to others?
7. How does the candidate handle frustration and criticism?
8. How does the candidate communicate with family members of the children and youth with whom he/she works?
9. Have there been any complaints regarding the candidate’s care of his/her clients?
10. To your knowledge, has the candidate had any criminal convictions? If so, what are they?
11. Would you rehire this individual to work with children and youth?

For Personal References
1. What skills do you feel the applicant demonstrates in working with children and youth?
2. How does the candidate respond in stressful situations?
3. To your knowledge, has the candidate had any criminal convictions? If so, what are they?
Form G

CHILDREN AND YOUTH WORKER COVENANT

Franconia Mennonite Conference is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by Franconia Mennonite Conference. The following policy statements reflect our organization’s commitment to be a holy place of safety and protection for all who enter and as a place in which all people can experience the love of God through relationships with others.

1. Anyone who has been named as a perpetrator of a “founded” report of child abuse (sexual abuse, physical abuse, or emotional abuse) shall not work with children or youth in any activity sponsored by Franconia Mennonite Conference.

2. Volunteers with children and youth shall observe the “two-adult rule” at all times so that no adult is ever alone with children or youth, and no young leader (age 14-18) is left to supervise children or youth without the presence of two adults.

3. Volunteers with children and youth shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.

4. Volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer the following questions:

1. As a volunteer in this Conference, do you agree to observe and abide by all policies regarding working in ministries with children and youth? □ Yes □ No

2. As a volunteer in this Conference, do you agree to observe the “two-adult rule” at all times? □ Yes □ No

3. As a volunteer in this Conference, do you agree to participate in training and educational events provided by the church related to your volunteer assignment? □ Yes □ No

4. As a volunteer in this Conference, do you agree to promptly report abusive or inappropriate behavior to your supervisor? □ Yes □ No

5. As a volunteer in this Conference, do you agree to inform a minister of this Conference if you are ever convicted or accused of child abuse? □ Yes □ No

I have read this volunteer covenant, and I agree to observe and abide by the policies set forth above.

__________________________________________
Signature of volunteer

__________________________________________
Volunteer’s printed name

__________________________________________
Pastor/Director’s signature

When entire application/reference check/background check process is complete and volunteer is approved:

__________________________________________
Date

__________________________________________
Date
Form H

UNUSUAL INCIDENT REPORT FORM

Date of Incident: ____________________________ Time of Incident: ______________

Name of child/youth involved in incident: __________________________ Age: _______

Name of parent/guardian: _____________ Date/time contacted: ____________________

Method of contact (phone call, verbal report in person, etc.): ______________________

Emergency contact information used (i.e. phone number): _________________________

Incident Details

Location of Incident: ______________________________________________________

Witnesses:

Name: ________________________ Phone: ____________

Name: ________________________ Phone: ____________

Name: ________________________ Phone: ____________

Description of Incident:

Vehicle Accident Procedures:

• Record the name, address and driver’s license number of the other involved drivers.
• Record the license plate(s) and make(s) of any vehicle involved in the accident.
• Record the police report number, police officer’s badge number.
• Record the addresses of any witnesses.

____________________________________________ ______________________
Signature of person completing form Date/Time submitted
**Report of Suspected Child Abuse**

*Child Protective Service Law - Title 23 PA CSA Chapter 63*

Please refer to instructions on reverse side. Except for signature, please print or type.

<table>
<thead>
<tr>
<th>Number</th>
<th>Field Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Name of Child (Last, First, Initial) SSN Birthdate Sex</td>
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<td>1a.</td>
<td>Present Location (City, State &amp; ZIP Code) County</td>
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<td>2.</td>
<td>Biological/Adoptive Mother (Last, First, Initial) SSN Birthdate Telephone No.</td>
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<td>3.</td>
<td>Biological/Adoptive Father (Last, First, Initial) SSN Birthdate Telephone No.</td>
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<td>4.</td>
<td>Other Person Responsible for Child SSN Birthdate Relationship to Child Sex</td>
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<td>5.</td>
<td>Alleged Perpetrator (Last, First, Initial) SSN Birthdate Relationship to Child Sex</td>
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</table>

**Family Householder Composition (Excluding Abuse Names)**

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<thead>
<tr>
<th>Name (Last, First, Initial)</th>
<th>Relationship to Child</th>
<th>Relationship to Child</th>
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<td>B.</td>
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<td>C.</td>
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**Address Where the Suspected Abuse Occurred**

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<th>Address</th>
<th>County</th>
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Describe the nature and extent of the suspected child abuse, including any evidence of prior abuse to the child or any sibling of the child. Also include any evidence of prior abuse by the alleged perpetrator(s) to other children. Please note exact location of the injury(ies) or model below.

**Date of Incident**

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<th>Date</th>
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### 7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY THE PERSON MAKING THE REPORT:

- [ ] Notification of Coroner or Medical Examiner
- [ ] X-Rays
- [ ] Photographs
- [ ] Hospitalization
- [ ] Police Notified
- [ ] Medical Test(s)
- [ ] Taken Into Protective Custody
- [ ] Other (Specify)

### 8. SAFETY CONCERNS AND RISK FACTORS:

#### A. Describe the children's physical and behavioral health, mood, and temperament. Describe children's intellectual functioning, communication and social skills, school performance, and peer relations. Include whether the children has expressed any suicidal/homicidal ideation or plans.

- INFORMATION UNKNOWN

#### B. Describe how the adult caregivers function cognitively, emotionally, behaviorally, physically, and socially. Include whether the adults have any mental health, substance use issues, or criminal history. Document any past or present domestic violence, record the employment status, source of income, and whether there are any financial stresses in the home. Include any safety or sanitary concerns regarding the conditions of the home, and whether there are working utilities. What is the primary language of the household?

- INFORMATION UNKNOWN

#### C. Describe whether the caregivers have the appropriate knowledge, expectations, and skills to parent the children adequately. Does the caregiver adequately supervise the children? Are they willing and able to protect the children? Describe the ability of the caregiver to empathize, nurture, and advocate for the children?

- INFORMATION UNKNOWN

#### D. Describe the caregivers' approach methods of disciplining the children. Describe when discipline occurs and whether disciplinary methods are age-appropriate? Are there any cultural practices in the home that would influence the disciplinary methods used?

- INFORMATION UNKNOWN

#### E. Please provide any additional information relevant to the investigation process that has not already been entered in this referral. This may include additional addresses to locate the child or perpetrator, additional resources for the child, email addresses, information about any weapons in the home or concerning you may have for the case worker's safety.

- INFORMATION UNKNOWN

### INSTRUCTIONS TO MANDATED PERSONS:

A mandated reporter making an oral report of suspected child abuse to the department via the Statewide toll-free telephone number (800-932-0313) must also make a written report, which may be submitted electronically, within 48 hours to the department or county agency assigned to the case by using this form. If needed, attach additional sheet(s) of paper to provide all of the requested information on this form.

### NOTE:

If the child has been taken into custody, you must immediately contact the county children and youth agency where the abuse occurred.

### REPORTING SOURCE:

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<th>PRINTED NAME AND SIGNATURE:</th>
<th>DATE OF REPORT:</th>
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<tr>
<th>TITLE OR RELATIONSHIP TO CHILD:</th>
<th>FACILITY OR ORGANIZATION:</th>
<th>TELEPHONE NUMBER:</th>
<th>EMAIL ADDRESS:</th>
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Form J

PASTORAL REPORT OF SUSPECTED CHILD ABUSE

1) Name and title (e.g. SS teacher, church member, paid staff) of person observing or receiving disclosure of possible child abuse:
   ___________________________________________________________  

2) Child’s name: ____________________________________________  
   Child’s age/ date of birth: _______________________________  

3) Name of person accused of abuse of child: ________________  
   Relationship to child (e.g. church staff, church volunteer, family member, other):
   __________________________________________________________________________  

4) Reported to Pastoral Staff
   a) Date/time of report _____________________________  
   b) Summary:  

5) Call to child’s Parent/Guardian:  
   a) Date/Time of call: _____________________________  
   b) Summary:  

6) Initial conversation with child and parent/guardian:
   a) Date/place of conversation__________________________________________
   b) Child’s statement (if appropriate, give detailed summary):

7) Call to local Children and Youth social service agency:
   a) Date/Time of call: ________________________________
   b) Name and title of person contacted: ________________________________
   c) Recommendations made by agency worker:
   d) Summary:

8) Call to legal counsel:
   a) Date/Time of call: ________________________________
   b) Name and title of person contacted: ________________________________
   c) Recommendations made by agency worker:
   d) Summary:

9) Call to insurance company:
   a) Date/Time of call: ________________________________
   b) Name and title of person contacted: ________________________________
   c) Recommendations made by agency worker:
10) Other contacts:
   a) Date/Time of call: _________________________________
   b) Name and title of person contacted: ________________________________
   c) Recommendations made by agency worker:

   d) Summary:

11) Name and title of person completing this form: ________________________________

   a) Signature: ________________________________

   b) Date/Time: ________________________________
Form K. 1.

MEETING SUMMARY,
CARE TEAM for the CHILD/FAMILY

1. Date of meeting _______________________________________________________

2. Child’s name _______________________________________________________

3. Child’s age/date of birth _____________________________________________

4. Parents’ names _____________________________________________________

5. Child’s address _____________________________________________________

6. Parents’ address _____________________________________________________

7. Name of alleged offender and relationship to child _______________________

8. Date and Summary of report received from Pastoral team/other persons:

9. Summary of the meeting:
   a) Safety plans for the child

     b) Needs of child and family
c) Referrals/recommendations

d) Response of child/family

e) Plans for future meetings

<table>
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<tr>
<th>Signatures of persons at the meeting</th>
<th>Relationship to the child</th>
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Form K. 2.

MEETING SUMMARY,
CARE TEAM for the ALLEGED OFFENDER

1. Date of meeting_______________________

2. Name of alleged offender____________________________________________________

3. Address_______________________________________________________________

4. Age/birthdate___________________________________________________________

5. Name of child and relationship to alleged offender___________________________

6. Date and Summary of report from Pastoral Team/other persons

7. Summary of the meeting
   a) Accountability plans

   b) Needs of alleged offender and family

   c) Referrals/recommendations

   d) Response of alleged offender
e) Plans for future meetings

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<th>Signatures of persons at the meeting</th>
<th>Relationship to the alleged offender</th>
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Form I

Franconia Mennonite Conference
YOUTH PERMISSION/WAIVER FORM

Name of Youth Participant _____________________________________________

Parent(s) or legal guardian(s) of youth _________________________________

Address ___________________________________________________________

(Street) (City) (State) (Zip)

Home Phone (____) __________ Work Phone (____) _________________

E-mail Address _____________________________________________________

Age of Youth __________ Birthdate __________ Grade __________

Functions & Activities
It is my understanding that participating in the programs and activities of Franconia Mennonite Conference is a privilege. I acknowledge that there are certain risks associated with the activities including activity-related accidents and physical injury due to transportation-related accidents.

Release of Liability
By signing this Permission/Waiver Form, I assume all risks of the above named youth participating in the activities. I further release Franconia Mennonite Conference and Its ministries, leaders, employees, volunteers and agents from any claim that my child may have against them as a result of injury or illness incurred during the course of participation in the activities.

First Aid & Emergency Medical Treatment
I recognize that there may be occasions where the youth named above may be in a need of first aid or emergency medical treatment as a result of an accident, illness or other health condition or injury. I do hereby give permission for agents of Franconia Mennonite Conference to seek and secure any needed medical attention or treatment for the youth named above including hospitalization. If in the agent’s opinion such need arises, in doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again, I agree to pay for the medical treatment.
Medical History
Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.)

____________________________________________________________________________
____________________________________________________________________________

Health Insurance Information
(Insurance Co.) (Policy Number)

(Medical Doctor) (Phone Number)

Emergency Contacts
Names of persons and telephone numbers to call in case of emergency:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

I represent that I am the parent/guardian of __________________________, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the youth named above to participate in the activities of Franconia Mennonite Conference. In consideration for allowing the participation of the youth in the activities of Franconia Mennonite Conference, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the youth, and agree that this Permission/Waiver Form shall be binding upon me.

Photo permission: I also give permission for photos of the youth named above to be used in written and Internet publications.

______________________________    ___________________________
(Signature of Parent/Guardian)    (Date)

______________________________    ___________________________
(Signature of Parent/Guardian)    (Date)
**TRIP PERMISSION FORM**

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<tr>
<th>Event</th>
<th>Date</th>
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<tr>
<th>Method of Transportation</th>
<th>Leader’s Cell Phone Number</th>
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**Release of Liability**

By signing this permission/waiver form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Franconia Mennonite Conference and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child’s or my family or estate, heirs, representatives, or assigns may have against Franconia Mennonite Conference or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless Franconia Mennonite Conference and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

I represent that I am the parent/guardian of___________________________________________, who is under 18 years of age. I give permission for the child named above to participate in the special event/activity described above. In consideration for allowing the participation of this child in the activities of Franconia Mennonite Conference. I hereby and consent to the Release of Liability above, on behalf of the child, and agree that this Trip Permission Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

*Photo permission: I also give permission for photos of the youth named above to be used in written and Internet publications.*

**Signature of Parent or Legal Guardian**

____________________________________________

**Date**

____________________

**Print Name**

____________________________________________________________________

**Emergency Contact Phone Number**

_______________________________________________

**Form N**
Form N

Franconia Mennonite Conference Nursery
Sign in and Sign Out List

Date: ____________

<table>
<thead>
<tr>
<th>Childs’s Name</th>
<th>Time In</th>
<th>Parent Initials</th>
<th>Staff Initials</th>
<th>Time Out</th>
<th>Parent Initials</th>
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Form O

Facility Safety Audit Checklist

Entrance
- All stairs have handrails.
- Entrance and exit are at sidewalk level or onto same-level landing.
- All elevated areas (porches, landings) are fenced with vertical pickets less than four inches apart.

Hallways and Stairways
- Areas are kept clean and unobstructed.
- Lighting is adequate.
- Exits are well-marked, lighted, and unobstructed.
- All sharp edges on corners or counters are covered.
- Safety glass is used in doors and windows.
- Stairways are carpeted and have a child-height railing on the right side for descending.
- Smoke detectors are working
- There is no visible peeling paint or lead-based paint.

Rooms and Storage Units
- Electrical sockets are height and out of reach or securely covered.
- No electrical cords are dangling or covered.
- Cabinets or file boxes that contain cleaning solutions are locked.
- All hardware on cribs, tables, and bookcases is checked monthly to make sure certain screws and bolts are tight.
- Hot plates aren’t used.
- Chairs or tables aren’t used as ladders to hang items.
- No sharp corners are exposed on tables or other furniture.
- Toys are safe: no sharp areas, pinch points or small parts.
- Fire exit from room requires only one turn or pull-down action to open door.
- Accessible above-ground-level windows are protected with grills or screens.
- Hot surfaces, hot pipes, heaters, and vents are out of reach of children; space heaters aren’t used.
- Lighting is adequate in all rooms.
- Trashcans are covered and secured.
- Floors are smooth, clean, and not slippery.

Kitchen
- Sharp utensils are kept out of reach of children.
- All containers are clearly marked and have secure lids.
- Fire extinguishers are easily accessible.
- Items on shelving units are neatly organized, secure and not piled high.

Bathrooms
- Cleaning supplies aren’t accessible.
Toilets and sinks are appropriate for use by children; step stools are provided.
Water temperature for hand washing is maintained at 120º F or less.
Floors are nonskid.

Outdoor Playground
- Equipment is checked monthly for sharp protrusions.
- Bolts are covered; swings have soft seats.
- Ground is covered with loose-fill surface material.
- Play area is fenced; gate can be secured.
- Equipment is age appropriate; there are no spaces 3.5-9 inches where a child’s head, leg, or arm could be trapped.
- Constant supervision is provided.
- No poisonous plants, trash or sharp objects are in the area surrounding the playground.

Toxic Chemicals
- Kitchen and cleaning supplies have their own locked storage unit.

Computers, TVs, and Electrical Equipment
- The equipment is flush against the wall, covering the electrical outlet.
- Only authorized people service the equipment.
- Liquids aren’t allowed near equipment.
- Children are supervised while equipment is in use.

Supplies
- Nontoxic art supplies, such as natural dyes and water-based products are used.
- Aerosol sprays and solvent-based glues are avoided.

Equipment
- First aid kit is kept appropriately stocked and easily accessible.
- Sports equipment is safe and soft.

Fire and Severe Weather
- Smoke detectors and alarm system are in place and working.
- Fire evacuation instructions are posted visibly.

Form P

Child Protection Background Affirmation Statement

Required by the Pennsylvania Child Protective Service Law

23 Pa. C.S. Section 6344.2 (relating to volunteers who have direct contact with children)

Name: ____________________________

Role(s): ____________________________

I affirm that:

- I have not been convicted of an offense including or similar in nature to those crimes listed in Section 6344 (C) of Title 23, which include:
  - Chapter 25 (relating to criminal homicide)
    - Section 2702 (relating to aggravated assault)
    - Section 2709 (relating to stalking)
    - Section 2902 (relating to kidnapping)
    - Section 3121 (relating to rape)
    - Section 3122.1 (relating to statutory sexual assault)
    - Section 3123 (relating to involuntary deviate sexual intercourse)
    - Section 3124.1 (relating to sexual assault)
    - Section 3125 (relating to aggravated indecent assault)
    - Section 3126 (relating to indecent assault)
    - Section 3127 (relating to indecent exposure)
    - Section 3129 (relating to sexual intercourse with animal)
    - Section 4302 (relating to incest)
    - Section 4303 (relating to concealing death of child)
    - Section 4304 (relating to endangering welfare of children)
    - Section 4305 (relating to dealing in infant children)
    - Section 5902 (b) (relating to prostitution and related offenses)
    - Section 5903 (c) (d) (relating to obscene & other sexual materials & performances)
    - Section 6301 (relating to corruption of minors)
    - Section 6312 (relating to sexual abuse of children)
    - Section 6318 (relating to unlawful contact with minor)
    - Section 6319 (relating to solicitation of minors to traffic drugs)
    - Section 6320 (relating to sexual exploitation of children)

- I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) that was committed within the past five years.

- I have not been convicted under the laws or former laws of the United States or one of its territories, states, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation similar to those listed above.

- I have not been convicted under the laws or former laws of the United States or one of its territories, states, the District of Columbia, the Commonwealth of Puerto Rico, or a foreign nation on a drug related offense committed in the past five years.

- I will not engage in any inappropriate or abusive conduct with children.

- I will comply with my duties as a mandated reporter of suspected child abuse under Pennsylvania’s Child Protective Services Law.
FBI Background Checks (please check one):

☐ I have not lived in the state of Pennsylvania for the entirety of the past ten years, and I **am required to submit an FBI Fingerprint Record Check**.

☐ I am an unpaid volunteer and I have lived in the state of Pennsylvania for the past ten years. Therefore, I **am not required to submit an FBI Fingerprint Background Check**.

Status of Required Background Checks (please check one):

☐ The original background check results are kept on file at my employer’s office. A representative of that employer has verified in writing (Form B) that I have completed the required background checks within the last three years. Further, the representative verifies that the results of all background checks are maintained in the office of the employer. This verification form is attached and submitted with this document.

☐ I personally possess the original background check documents and have shown the original documents to either Mary Benner or Jessica Hedrick.

I understand that I must 1) **submit this signed page**, 2) **show the original clearance and background check documents to be seen by an Administrative Staff Member for verification** and all administrative staff to copy for filing, OR **obtain a signed verification form from an employer**.

Signature: ______________________________________________________ Date: __________

Witness: ______________________________________________________ Date: __________

Witness Relation: ______________________________________________

For questions please contact:
Form Q

{Sample Employer Verification Form}

Date:

To:

RE: Background Check verification for _______________________

This letter is to serve as verification that our office has on file the following clearance documents for ____________________:

☐ Pennsylvania State Police Criminal Record Check (SPA-164)
☐ Pennsylvania Child Abuse History Clearance (CY113 Form)
☐ Federal Bureau of Investigation (FBI) Criminal Background Check or a signed affirmation that the individual has lived in Pennsylvania for the past ten years, is unpaid, and has not been convicted of any disqualifying offenses.

These clearances and background checks were completed on ______________ and thus are active and acceptable as they were completed within the last 36 months. Should you require a copy of the above documents please contact __________________________ by phone at _________________________ or by email ________________________________.

Thank you.
VII. ADDITIONAL INFORMATION

In creating this policy manual, it was the intention of the Franconia Mennonite Conference Child Protection Leadership Team to provide not only recommendations for policy, but also the tools and educational materials needed to implement the policy properly.

The “educational materials” are found in the additional information section of the policy manual template. They should be used as presented. Other useful information (i.e. informational handouts, bulletin inserts, etc.) should be added at the discretion of the Conference Child Protection Leadership Team for quick reference.
Understanding Physical Abuse

Physical abuse includes scalding, beatings with an object, severe physical punishment and violent shaking, according to Understanding Child abuse and Neglect by the National Research Council. Physical abuse also includes human bites, slapping, shaking and burning with cigarettes or other objects.

**Behavioral indicators of physical abuse**
- Signs of childhood stress.
- Conflicting or changing stories about how the injury occurred.
- Delayed or inappropriate treatment of the injury.

**Physical indicators of physical abuse**
A child who has been physically abused may exhibit suspicious injuries. The injuries attributable to normal childhood “wear and tear” are usually found on the leading edges of the body – shins, elbows, and forehead. Injuries associated with physical child abuse may be located in the soft tissues of the abdomen or on the back, or on backs of arms and legs – places not usually affected by normal childhood mishaps.

- **Burns** – Burns that may indicate a child has been abused include cigarette or cigar burns on the soles of the feet, palms of the hands, the back or genital areas. Other burns associated with abuse are friction or tether burns on the wrists, ankles or around the neck caused by rope used to tie the child. Wet burns on the hands and feet that appear glove-like or sock-like are caused by forcing the child to bathe in water that is too hot. Dry burns leave distinctive marks in the shape of the instrument used to inflict them, commonly electric irons, radiator grates and kitchen range heating elements.
- **Bruises** – Bruises of a variety of colors (black, blue, yellow, and green) that point up different stages in healing and thus infliction at different times often indicate abuse. Varied colored bruises on the abdomen, back or face are especially suspicious. Bruises, similar to burns, may also reflect the shape of the weapon used to inflict them.
- **Lacerations and abrasions** – Children usually have scraped knees, shins, palms or elbows – injuries that are very predictable. Cuts and abrasions in soft tissue areas on the abdomen, back, backs of arms and legs, or on external genitalia are strong indicators of physical abuse. Human bite marks, especially when they are recurrent and appear to be adult-sized, strongly suggest abuse.
- **Fractures** – Unexplained fractures generally signal abuse. A child with multiple fractures occurring at different times is almost certain to be a victim of abuse. Other signs include swollen or tender limbs and spiral fracture caused by jerking of the arms.¹

Understanding Emotional Abuse

Emotional abuse may be the most common form of abuse in youth-serving organizations. Although emotional abuse can seriously harm a child, it leaves no physical scars and very little other evidence. The abuse is most often verbal, making it very difficult to detect. Children themselves may simply quit a program, if they can, rather than submit to the abuse or report it.

The five forms of abuse listed by James Garbarino in *Emotional Maltreatment of Children* cover a wide range of actions. Each can hurt a child and some can lead to lawsuits.

- **Rejecting** – belittling, degrading and other forms of overtly hostile or rejecting treatment; shaming and/or ridiculing the child for showing normal emotions such as affection, grief or sorrow; consistently singling out the child to criticize, punish or to perform most of the household chores; publicly humiliating.
- **Terrorizing** – placing the child in unpredictable or chaotic circumstances, such as witnessing domestic violence; placing a child in a dangerous situation. Setting unrealistic expectations and threatening harm or danger if they aren’t met; exploiting a child’s fears and vulnerabilities; threatening violence against the child, the child’s loved ones or objects.
- **Isolating** – confining the child or placing unreasonable restrictions on the child’s freedom; placing unreasonable restrictions on the child’s social interactions within the home or in the community or with another person responsible for the child’s welfare.
- **Corrupting** – encouraging antisocial behavior such as criminal activities, prostitution, pornographic performances, or corrupting others.
- **Ignoring** – failure to express affection, caring and love for the child; being emotionally unavailable or uninvolved.

In most cases of emotional abuse, there are no physical signs of abuse.

**Behavioral indicators of emotional abuse**

- *Developmental disorders* – deficits in growth or development
- *Habit disorders* – thumb-sucking, head-banging, or rocking
- *Conduct disorders* – antisocial or destructive behavior
- *Reactive behaviors* – hysteria, phobias, compulsions and hypochondria
- *Adaptive behavior* – inappropriately adult or infantile behavior
- *Neurotic behaviors* – speech disorders and sleep disturbances
- *Dramatic changes in school performance* – drop in grades, attendance problems or general functioning.
- *Suicidal behavior* – talking about, threatening, or attempting suicide

As with indicators for general childhood stress, these behaviors are indicators of a problem. The behavior may be caused by emotional abuse, or it may be induced by problems other than

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abuse. One way of checking is to call the parents’ or caregivers’ attention to the problem behavior and evaluate the reaction. If the parents/caregivers reject efforts to help the child or their response is apathetic or indifferent there may be grounds to make a report of suspected abuse.
Understanding Sexual Abuse

“Sexual abuse occurs whenever anyone with less maturity or power is tricked, trapped, coerced, or bribed into a sexual experience. It occurs whenever anyone disempowered by handicap, age, or situation is involved in an activity that is sexually stimulating to the perpetrator and which the victim does not fully comprehend or to which [he or] she is unable to give informed consent. The imbalance of power between victim and perpetrator is critical in the determination of abuse. The power imbalance may result from the perpetrator’s greater age, size, position, experience, or authority.

Most sexual abuse does not involve physical violence. It usually involves some form of coercion and a misrepresentation of the activity. Coercion is fueled by the perpetrator’s desire for secrecy, which is necessary to prevent intervention and also to allow him [or her] continued access to the victim.”

Sexual abuse occurs with children as early as infancy. This abuse isn’t limited to penile penetration and encompasses acts that many of us have difficulty imagining. Nonetheless, molesters may commit any of the acts listed, which are based on the research of Kathleen C. Faller, a University of Michigan social work professor and a prosecution consultant on child molestation, who has been studying victims and perpetrators for 22 years.

Non-contact acts

- Sexual comments to the child on the telephone, in notes and letters, in person or through computer online services.
- Exposure, such as the offender exposing his or her genitals to the child and masturbating in front of the child.
- Voyeurism, in which the offender secretly observes the child for sexual gratification.
- Showing pornographic material to the child
- Inducing the child to undress and masturbate in front of the offender

Note: Some readers may find the next few lists offensive – and they are. Imagine your discomfort at reading them and compare this to the discomfort of a child who experiences any of them.

Sexual contact (above or beneath clothing)

- Sexual contact includes: fondling or touching the child’s genitals, breasts or buttocks; inducing the child to touch the offender’s intimate parts; or rubbing his or her genital against the child’s clothing or skin (called frontage).

Penetration

- Penetration includes: digitally (finger) penetrating the child’s vagina or anus; inducing the child to place his or her finger in the offender’s vagina or anus; placing an object into the child’s vagina or anus; or having the child place an object into the offender’s vagina or anus.

Oral Sex

---

• Oral sex includes: tongue kissing; breast sucking, licking, and/or biting; cunnilingus or the licking, kissing, sucking, or biting of the vagina, or placing the tongue in the vaginal opening; fellatio or licking, kissing, or sucking the penis; or anilingus or licking or kissing the anal opening.

Penile Penetration
• Penile penetration includes: vaginal intercourse; anal intercourse, or intercourse with animals by offender in front of victim.

**Physical indicators of child sexual abuse**
Physical evidence of sexual abuse, if present at all, tends to be temporary. These signs could include the following:
• Difficulty in walking
• Torn, stained, or bloody underwear
• Pain or itching in the genital area
• Pregnancy
• Bruises or bleeding of the external genitals
• Sexually transmitted diseases

**Behavioral signs of sexual abuse**
The behavioral signs of sexual abuse are likely to be present longer and more conspicuously than physical signs. Many sexually abused children exhibit the signs of childhood stress in addition to the behaviors associated with child sexual abuse.
• Exhibiting apprehension when sexual abuse is brought up
• Wearing lots of clothing, especially to bed
• Unwillingness to be left alone with a particular person
• Inappropriate understanding of sex for the child’s age
• Fearing touch
• Drawing pictures with genitals
• Abusing animals
• Persisting in inappropriate sex play with peers or toys
• Cross-dressing
• Masturbating in public
• Engaging in prostitution
The presence of any of these indicators signals the possibility that sexual abuse has occurred. The indicators alone aren’t conclusive evidence that a child has been molested.4

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SIGNS OF CHILDHOOD STRESS

- **Dramatic changes in school performance**: a sudden drop in participation or grades, a punctual child becoming tardy or skipping school.
- **Changes in behavior**: either regressive, in which the child reverts to behavior typical of a younger age, or precocious, in which the child acts much older than his or her chronological age.
- **Sleep disturbances**: nightmares, insomnia, fear of the dark, fear of sleeping alone or excessive sleeping.
- **Changes in eating behavior**: anorexia, bulimia, and sudden increases or decreases in appetite.
- **Inappropriate fears**: fear of a person, familiar place, or activity.
- **Hostile language or aggressive behavior**: swearing, verbally wishing harm to others; or tripping, pushing, hitting, biting.
- **Overly compliant behavior**: willing to do whatever is asked, even if it is harmful to the child.
- **Depression**: hopelessness, withdrawal from family or friends, threats or attempts at suicide.
- **Delinquency or running away from home**: stealing from friends, shoplifting, spray-painting graffiti on buildings.

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What to do when someone in your Conference is accused of abuse

1) **Remain open-minded.**
The natural human instinct is to recoil from alleged horror, and to immediately assume that the allegations are false. But the overwhelming majority of abuse disclosures prove to be true. In every case, the proper and Christian response is to remain open-minded.

2) **Pray for all parties involved.**
Every person involved deserves and needs prayerful support.

3) **Let yourself feel whatever emotions arise.**
You may feel angry, betrayed, confused, hurt, worried and sad. These are all natural, "typical" responses to an allegation of sexual abuse. None of these feelings are inappropriate or "bad." Don't "kick yourself" for feeling any of these emotions.

4) **Remember that abuse, sadly, is quite common.**
It's far more widespread than any of us would like to believe. Experts estimate that 1 in 4 girls and 1 in 6 boys will be sexually abused in their lifetimes.

5) **Don't try to "guess" or figure out who the accuser is.**
Sexual abuse victims need their privacy to recover from their trauma. Openly speculating about who is alleging abuse is essentially gossiping, and helps to create a hostile climate that will keep other victims from coming forward.

6) **If you do know the victim(s), protect his/her/their confidentiality.**
There are many good reasons why abuse victims are unable to publicly come forward. Often, the person wants to keep other friends or family members from suffering too. Don't compound the pain he/she is in by disclosing his/her identity to others.

7) **Understand that abuse victims often have "troubled" backgrounds (i.e. drug or alcohol problems, criminal backgrounds, etc.)**
Instead of undermining the credibility of accusers, these difficulties actually enhance their credibility. (When someone is physically hurt, there are almost always clear signs of harm; so too with sexual abuse. The harm, in this case, however, is reflected largely in self-destructive behaviors.)

8) **Don't allow the mere passage of time to discredit the accusers.**
There are many good reasons why abuse victims disclose their victimization years after the crime. In most instances, victims come forward when they are emotionally able to do so, and feel capable of risking disbelief and rejection from precious loved ones, including family members, church leaders, other authorities, and fellow Christians. Sometimes, they are psychologically able to do so only after they have become adults, or their perpetrator has died, moved or been accused by someone else. Sometimes, they have been assured that their perpetrator would never be around kids again, but have learned that this isn't the case. In other cases, it takes years before
victims are able to understand and/or acknowledge to themselves that they have been sexually violated. This is a common defense mechanism.

9) Ask your family members and friends if they were victimized.
Many times, abuse victims will continue to "keep the secret" unless specifically invited to disclose their victimization by someone they love and trust. Even raising this topic can be very uncomfortable. It must be done, however, if there is a chance that the alleged offender had access to children besides the one(s) accusing him/her. It may be very awkward and your family members may even act resentful at first. But soon they will remember that you really care about them, and will see your question as a sign of that care.

10) Mention the accusation to former members/attendees of Conference churches and ministries and to former leaders now living elsewhere.
They may have information that could prove the guilt or innocence of the person facing allegations. This is especially important because sometimes abuse victims or their families move away after experiencing abuse.

11) Contact the police or prosecutors.
If you have any information (even if it's "second hand" or vague) that might help prove the guilt or innocence of the accused, it can be helpful if you disclose that information to the authorities. This is one way that as a Christian you can help seek justice and protect others from harm. Remember: abuse thrives in secrecy. Exposing sexual crimes is difficult, but ultimately healing.

12) Don't allow other members/attendees of the Conference to make disparaging comments about the person(s) making the allegation.
Remember, the sexual abuse of children has terribly damaging effects. Critical comments about those who make allegations only discourage others who may have been hurt. Such remarks prevent those who need help from reaching out and getting it. Show your compassion for abuse victims. Tell your fellow members/attendees of the Conference that hurtful comments are inappropriate. Remind them that they can defend the alleged offender without attacking his/her accuser.

13) Educate yourself and your family about sexual abuse.
There are many excellent books and resources on the subject.

14) If you want to show support to the accused offender, do it PRIVATELY.
Calls, visits, letters, gifts, and prayers - all of these are appropriate ways to express your love and concern for the accused offender. Public displays of support, however, are not. They only intimidate others into keeping silent. In fact, it is terribly hurtful to victims to see people openly rallying behind an accused offender. Even if the accused offender in a particular case is innocent, somewhere in the community is a young girl being molested by a relative or a boy being abused by his coach or youth leader. If these children see adults they love and respect publicly rallying around accused perpetrators, they will be less likely to report their own victimization to their parents, the police, or other authorities. They will be scared into remaining silent, and their horrific pain will continue.
15) Don’t be blinded by the pain you can see.
The trauma of the accused offender, and those who care about him/her, is obvious, especially if this person is a well-known person in your Conference or the community. Please try to keep in mind the trauma of the accuser too. Because you rarely see his/her pain directly, it’s important to try and imagine it. This helps you keep a balanced perspective.

16) Try to put yourself in the shoes of the alleged victim.
In the gospels, Jesus calls us to identify with the hurting, the vulnerable, the innocent, and the hurting. Try, as best you can, to imagine the shame, self-blame, confusion and fear that afflict boys and girls (and the men and women they become), who have been victimized by trusted adults in their lives.

17) Use this painful time as an opportunity to protect your own family.
Talk with your children about "safe touch," the private parts of their bodies, who is allowed to touch those parts, what to do if someone else tries, and who to tell. Urge your sons and daughters to have similar conversations with your grandchildren.

18) Turn your pain into helpful action.
In times of stress and trauma, doing something constructive can be very beneficial. Volunteer your time or donate your funds to organizations that help abused kids or work to stop molestation.

19) Keep in mind the fundamental choice you face.
On the one hand, at stake are the FEELINGS of a grown up (the accused offender). On the other hand, at stake is the PHYSICAL, EMOTIONAL, PSYCHOLOGICAL, SPIRITUAL AND SEXUAL SAFETY of potentially many children. If one has to err in either direction, the prudent and moral choice is to always err on the side of protecting those who can't protect themselves: children. Remember too that it's easier for an adult to repair his reputation than for a child (or many children) to repair his/her psyche and life. Another way to look at this: Being falsely accused of abuse is horrific. But actually being abused, then being attacked or disbelieved is far worse.

20) Ask your pastor to bring in an outside expert or a therapist who can lead a balanced discussion about sexual abuse.
Therapists understand and can answer the questions you and other members of your Conference are facing, and help you deal with the emotional impact of this trauma, too.

Adapted from “What to do when your priest is accused of abuse,” by SNAP (Survivors Network of those Abused by Priests)
http://www.snapnetwork.org/links_homepage/when_priest_accused.htm
IX.  BIBLIOGRAPHY FOR POLICY CONTENTS


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X. RECOMMENDED READING


