**Safe Congregation Policy:**

*A SAFE CHURCH INITIATIVE*

**MOUNT CLINTON**

**MENNONITE CHURCH**

*Revision completed October 2024*

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**MOUNT CLINTON MENNONITE CHURCH**

*SAFE CONGREGATION POLICY*

**THEOLOGICAL STATEMENT**

We, the members of Mount Clinton Mennonite Church (MCMC), are a body of people committed to Jesus Christ and to loving and challenging each other to faithful living, treating others with respect and ensuring that all who enter our building and our congregation are welcomed.

To this goal, we seek to establish and nurture a congregation that is safe for all: children/youth, child /youth workers, and the church at large. As a faith community, both within the church building and in the greater community, MCMC seeks to provide a caring, healing, and protective environment for those who are hurting from sexual abuse, those offenders who have created the harm, those individuals falsely accused of wrongful behavior toward a child/youth, and those working toward prevention.

Sexual abuse is a lasting trauma, producing wounds that run deep. Those who have experienced the trauma and those who have created the trauma are seeking restoration. We welcome all persons, with the understanding that measures are put in place for the safety and protection of our children/youth and those protecting our children/youth.

**PURPOSE OF THIS POLICY**

This policy seeks to provide a framework regarding MCMC’s expectations for appropriate behavior regarding the care of our children/youth. This framework will implement best practices and congregational training to foster a consistently safe environment that protects children, youth, and adults from harm and promotes the well being of all.

**LEGAL DEFINITIONS OF CHILDHOOD ABUSE AND NEGLECT**

Virginia Code **§**63.2-100 defines an abused or neglected child as any child under 18 years of age whose parent or any person responsible for his or her care (such as a child care provider, foster parent, or anyone responsible for the welfare of a child receiving residential care at an institution):

* Causes or threatens to cause a non-accidental physical or mental injury;
* Has a child present during the manufacture or attempted manufacture of a controlled substance or during the unlawful sale of such substance where such activity would constitute a felony violation;
* Neglects or refuses to provide adequate food, clothing, shelter, emotional nurturing, or health care;
* Abandons the child;
* Neglects or refuses to provide adequate supervision in relation to a child’s age and level of development;
* Knowingly leaves a child alone in the same dwelling with a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender; or
* Commits or allows to be committed any illegal sexual act upon a child, including incest, rape, indecent exposure, prostitution, or allows a child to be used in any sexually explicit visual material.
* In addition, newborn infants who have been medically diagnosed for exposure to non- prescription, controlled substances during pregnancy are also considered to be at risk of abuse or neglect. Health care providers are required to report these children.

*NOTE: Virginia law requires that mandated reporters report all cases of suspected child abuse or neglect to child protective services regardless of the abuser/neglector relationship to the child. (see Appendix A)*

**TERMS IN THIS POLICY**

*Child or Youth -*any person under eighteen (18) years of age (legal minor).

*Pastor -*an employee of MCMC who ministers to our congregation.

*Associate Pastor* **-** an employee of MCMC who works specifically with youth and young adults.

*Safe Congregation Committee (SCC) -*a committee that implements and enforces the Safe Congregation Policy.

*Approved Adult -* anyone eighteen (18) years of age, and out of high school, who has satisfied the requirements of this policy. An Approved Adult is not the same as a mandated reporter; however, it is t**he conviction of MCMC that anyone suspecting child/youth abuse report it immediately to MCMC Pastor or SCC.** An Approved Adult can be an employee or a non-employee of the congregation. Approved Adults include, but are not limited to:

1. MCMC employed staff
2. Sunday School workers such as: Superintendent, teachers, music leaders, Kids Club club sponsors, or others involved in children’s programs.
3. Vacation Bible School teachers and staff
4. Nursery attendants
5. Bible Quizzing leaders
6. Jr. MYF and MYF sponsors
7. Mentors
8. Any persons in a caregiving role with children
9. Approved Adults from outside the congregation

*Safe Congregation Advocate* : the chair of the Safe Church Committee

*Youth Volunteer*: anyone 17 years of age or younger, and must work under the supervisions of 2 approved adults

**The Safe Congregation Committee (SCC)**

The members of the SCC committee are defined in the by laws of the congregation. The SCC will be responsible to Church Council.

The Committee Will:

* Implement and enforce this Safe Congregation Policy. (Includes Safe Congregation policies)
* Review congregational policy regarding the safety of everyone and make recommendations to the Church Council for revision.
* Coordinate yearly training regarding child abuse and the Safe Congregation Policy for all Approved Adults.
* Maintain a list of Approved Adults and disseminate to those responsible (i.e. Sunday School Superintendent, Gift Discernment, Nursery Coordinator, etc) for fulfilling roles regarding the care of MCMC children.
* Monitor Approved Adults to ensure that policies are being followed.
* Keep Church Council apprised of all activities of the committee.
* Review all applications related to following the Safe Congregation Policy.
* Collect and forward requests for clearances, with cover letters, to Virginia Department of Social Services (DSS) and the National Criminal Background Check; as well as FBI Fingerprint clearances for employees.
* Maintain all clearances.
* Receive and process reports of suspected abuse.
* Make available, upon request of an individual, her/his clearance report.
* Update all nursery providers and the parents/guardians of children in the nursery regarding MCMC’s diaper changing policy on a yearly basis in September.
* Perform quarterly reviews of MCMC’s bathroom policy with all children’s Sunday school teachers.

**SELECTION OF APPROVED ADULTS**

To protect our congregation, Approved Adults and employees at MCMC, the following guidelines are established for those who desire to work with children/youth who are less than eighteen (18) years of age. Any pastor of MCMC must be an approved adult within three months of hiring.

Approved Adults **MUST:**

Attend MCMC for a minimum of six (6) months or until a background check is completed

Complete the following required forms and background checks:

1. Virginia DSS Background Check and Form: <https://www.dss.virginia.gov/family/children_background.cgi> (select form *“Request for Search of Child Protective Services (CPS) Central Registry*” – **NOTE**: **print this form on an as needed basis because the form is subject to frequent changes)**
2. National criminal background and national sex offender registry checks (conducted by SafeHiring Solutions) following submission of Release of Information Form (provided by the Safe Hiring Solutions). (**NOTE: MCMC has an account with SafeHiring Solutions. More information can be found in the Additional Resources section of this document. Each background request is to be conducted on the SafeHiring website.)**
3. Approved Adult Application, copy of Virginia Code relating to child abuse (*see Appendices B and C*)
4. Safe Congregation Covenant (*see Appendix E*)
5. Approved Adult from another congregation (having conducted a background check)
6. Attend a standard initial training session.
7. Comply with the Safe Congregation Covenant.
8. Receive a Letter of Acceptance confirming Approved Adult status*. (see Appendix D)*

All clearance fees will be covered by MCMC. However, if an applicant desires to cover her/his own cost, give payment to the SCC Chair.

Background Checks:

Background checks are to be conducted on all Approved Adults and MCMC employees. Background checks may be that which deters a sex offender from victimizing because that offender knows a background check would reveal her/his status as an offender.

(Background checks will be repeated every five (5) years, and after a six (6) month break in attendance or a break in service greater than two (2) years).

Prospective employees applying to engage in occupations with a significant likelihood of regular contact with children/youth in the form of care, guidance, supervision, or training must obtain new background checks as a condition of employment. Such employees would include Pastors and Administrative Assistant. The Virginia Code permits churches to obtain background checks of the employee relying upon fingerprinting. All MCMC employees with a significant likelihood of contact with children/youth must obtain FBI clearance using fingerprinting.

**RECORDS Can we look to have a Safe Congregation Administrator?**

Applications and related forms for MCMC employees and Approved Adults will be locked in a confidential file under the jurisdiction of the Pastor/Administrative Assistant. Clearances are confidential and will only be made available to the current MCMC Pastor and to the chair of the Safe Congregation Committee. The Administrative Assistant of MCMC will maintain these records following these recordkeeping steps:

* Create and maintain a master list of all MCMC employees and Approved Adults who have regular contact with children/youth in the course of their work.
* Maintain all the documents related to the Safe Congregation Policy and note the dates of the reports on the list:
* For MCMC employees and Approved Adults who have the required background check reports and those reports are less than five (5) years old, no new reports are required until five (5) years from the date of the existing reports.
* For MCMC employees and Approved Adults who do not have the required background check reports, or in cases where the required reports are over five (5) years old, new reports are required.
* New reports are to be obtained every five (5) years from the date of the existing reports. **Note on the list when the reports need to be renewed and the date sixty (60) days before renewal to initiate the process of obtaining new reports.**
* New reports are required for MCMC employees and Approved Adults who have had a one 2 year break in continuous service.
* Retain copies of all reports, even ones that are superseded by renewed reports, in confidential locked files.

**RECORD RETENTION**

Any records pertaining to MCMC employees and Approved Adults who work with children/youth may become the subject of legal proceedings; therefore, no such records will be part of any automatic records destruction plan by MCMC. This includes children/youth registration and permission forms as well as MCMC employees and Approved Adult clearances. Records may be stored electronically.

**GENERAL GUIDELINES FOR PROTECTION OF CHILDREN/YOUTH**

To ensure that a nurturing Christian environment for our children/youth is maintained within our congregation, to protect children/youth who participate in activities sponsored by our congregation from sexual, emotional, and physical abuse, and to protect those working with our children/youth, our congregation has adopted the following policies:

* **Child Abuse Prohibited:** Adults working with our children/youth shall not violate this responsibility by committing non-accidental physical or emotional injury; sexual abuse or serious physical neglect of children/youth; or any other act described as child abuse in this policy or the laws of our state.
* **Sexual Abuse Prohibited:** Adults working with our children/youth shall not violate this responsibility by committing any act of sexual abuse. This includes having any interaction with a child/youth where the child/youth is being used for sexual stimulation of the adult or a third person, regardless of whether or not the behavior involves touching. It also includes any other act described as sexual abuse in this policy or the laws of our state.
* **Two Adults Rule:** Two adults must be present during any church sponsored activity geared toward children/youth that occurs outside of Sunday morning structure of Sunday School and Worship. Preference is for both adults to be Approved Adults however, at the minimum one MUST be an Approved Adult. In a mixed group, whenever possible, a male and a female Approved Adult should be present.
  + Helpers, including youth eighteen (18) years of age or younger, caring for children up to age twelve (12), or occasional care assistants may work under the supervision of an Approved Adult.
  + *Sunday School and Nursery*: One approved adult is needed for Nursery and Children and Youth classes.
  + During Sunday School an approved adult will be present to help teachers where needed
  + During Nursery the door will remain open and a sturdy baby gate will serve to prevent children from leaving the room. If the nursery door is closed, two adults need to be present.
* **Visibility**: All activities, meetings and interactions with children/youth must be conducted in a way that allows visibility. For example, glass areas of doors should be unobstructed, curtains and blinds should be open, and doors without glass should be open. Whenever possible activities should be conducted in a public place with another person within observable distance.
  + Children/youth can also be perpetrators of abuse. Therefore, two (2) children with a four (4) or more year age difference should not be in an isolated setting such as a bathroom, tent, elevator or empty classroom without Approved Adult supervision.
* **Use of Church Elevator**: A child/youth must be accompanied by parent/guardian when using the elevator unless it is an emergency.
* **Bathroom and Diapering:** Children should be encouraged to use the bathroom before and after classes or other activities. This allows a parent/guardian to assist as needed.
  + *Bathroom:* If an Approved Adult needs to take a child to the bathroom, she/he should be cognizant of visibility and the child’s privacy. For example, the Approved Adult may stand holding the public bathroom door open while the child enters the toilet stall alone.
  + *Children requiring assistance with toilet usage:* An Approved Adult must accompany a child to and from the bathroom and inform another adult when this takes place. The adult will assist the child only when necessary, remaining outside the stall if possible. If assistance is needed, the Approved Adult must leave the stall door open.
  + *Diapering:* At sign in, each parent/guardian will indicate whether the nursery providers will either change the diaper or contact the parent/guardian to do so.
* **Empty Room Policy:** After an activity, rooms must be checked, by an Approved Adult, to ensure that all participants have vacated.
* **Expressions of Affection:** True expressions of affection toward children/youth can be a manifestation of Christ’s love for all of us. A kind word of encouragement or a pat on the back can be a small but significant act for both the adult and the child/youth. However, discretion should be used when expressing physical affection toward children/youth.
  + Respect a child/youth refusal of affection. This includes both verbal refusals and non-verbal indicators of discomfort.
  + Be aware of appropriate hand placement.
  + Hugs, if given, should be initiated by the child/youth, brief, and only performed in a public area. Touches on private areas and kisses on the mouth are prohibited.
  + Physical discipline of any type is prohibited by individuals other than the child’s/youth’s parents/guardians.
* **Sunday School/Nursery Guidelines:**
  + Detailed guidelines, for appropriate conduct during Sunday School and in Nursery, will be posted in all classrooms and the nursery. (*see Appendix F*)
  + Whenever a child is in the nursery, the parent/guardian is to sign the child in and out. (*see Appendix G*)
* **Disciplinary Matters**:
  + Boundary-setting is directed toward maximizing the growth and development of the child/youth and aimed at protecting the group and the individuals within it.
  + Positive reinforcement shall be the major tool of appropriate disciplining. Verbalize to the child/youth when she/he is behaving in an appropriate manner. Redirect a child /youth as needed.
  + If a child/youth is repeatedly displaying inappropriate behavior, and redirecting and talking to the child/youth has not worked, then the parent/guardian will be notified.
  + **No one shall:**
    - use corporal punishment, including spanking, humiliation or verbal abuse
    - deny a child/youth food as a means of punishment
    - punish a child /youth for soiling, wetting or not using the toilet

**Digital Guidelines**

Overview: This policy recognizes that significant relationship and ministry can occur through electronic forms, through both asynchronous methods (texting, social media usage) and synchronous methods (such as Zoom). Our goal is to mitigate risks that are inherent in electronic media. All electronic communications should avoid one on one communication and place responsibility on the adult to avoid areas of misunderstanding or potential abuse. Exceptions can and should be made when necessary, with the understanding that the correct people be informed of exceptions. Any use of technology to humiliate, degrade, provide sexual gratification, or abuse is prohibited by Mt Clinton Mennonite Church’s policy.

Guidelines for synchronous gatherings taking place virtually (such as Zoom, Skype, large group calls via direct messaging, etc)

* Synchronous meetings must be scheduled in advance, with the parents/guardians informed. Zoom sessions and video calls should not take place spontaneously or without parent knowledge.
* Parents should receive a link to synchronous meetings so they can “drop in” as desired. Parent involvement is welcome in virtual spaces.
* All synchronous virtual meetings should include 2 approved adults, as expected with in person gatherings. Approved adults facilitating the meeting are expected to be active and continually engaged (i.e. adults should not be “putting the meeting on in the background” while otherwise engaged).
* The “Waiting Room” option in Zoom should be turned on to discourage unknown participants from joining the meeting.
* In video conferencing, the option to private chat other participants should be turned off. All chats should be addressed to the entire group.

Mentors

* Because of the nature of the mentor/mentee relationship, mentors are welcome to meet with students 1-1. Parents should be aware of these meetings and able to drop in. Mentor/mentee Zoom or video call meetings should be strictly time limited (confined to just an hour or half an hour).

Guidelines for children and youth interacting in a virtual space

* Children may not take pictures or screenshots of other children that are suggestive or explicit in nature. Children may not distribute any pictures that are suggestive or explicit online.
* Children should use appropriate, respectful language in all written communication.
* Children may not use suggestive or explicit pictures as their “profile picture” in any  
  virtual space or use such pictures as digital background images.

Guidelines for electronic communications & social media

Electronic media sharing

* Parent or guardian permission is needed before images of children under the age of 18 can be posted in public locations online (such as the website or social media). Those who are working with children may not post images of the children of MCMC to their personal social media pages unless they obtain permission from parents/guardians.
* MCMC congregants working with children and youth should not publicly post material online with names and/or identifying information of any persons under the age of 18 without parent/guardian permission.

Direct communication with youth via text and DM

* All electronic communication with youth and older congregants of MCMC should take place between the hours of 9 am and 9 pm.
* One-on-one communication should be avoided. When possible, parents should be included in text or DM conversations with youth. When parents are not included in direct communication with youth, there should be notification to the parents that direct communication has occurred.
* Group texts or DMs sent from youth sponsors should include all youth in an applicable category (i.e. all youth in JYF, all youth in a prayer group, all youth attending a particular event, etc). Sponsors and youth workers should not be singling out only some youth from a group for communication that pertains to the whole group. All group texts should include two approved adults.
* All forms of contact used should be traceable; disappearing forms of communication such as Snapchat, Kik, Pictures in Instagram DM, etc should never be used.
* Adults should not initiate direct messages (DMs) with youth on social media. If there are specific concerns rising from social media posts, conversation should take place in person if possible or via text with a parent or other approved adult. If a youth initiates a DM, adults should include another adult in the conversation by using the “add” feature in a DM.

3c. General social media usage

* Comments made by youth in a public social media space that are concerning should be followed up in person or via phone, not in a public forum. If an adult sees a conversation happening between youth on social media that is inappropriate, the adult should intervene to redirect without shaming or blaming the individuals involved, and then follow up with the youth separately.
* Comments made by adults on social media posts by youth should be viewable by the public, appropriate, respectful, and contain no messaging that is suggestive, explicit, vulgar, or derogatory towards other people.
* Contents of any communication with youth should use respectful language, avoid talking about others in a derogatory manner, and avoid suggestive or explicit images.

4. Reporting

* Any phone communication from youth that seems suspicious (indicating a possible scam or another person using the phone) or alarming (indicating harm of self or others) should be reported to a parent immediately. In an emergency situation, contact 911.
* Adults should report instances of abuse or suspected abuse that they see taking place in another person’s video by reporting to the Virginia Department of Social Services at 800-552-7096.
* All reporting of incidents that take place online should follow normal reporting procedures as laid out in MCMC’s Safe Congregation policy.

**PERMISSION SLIPS, OVERNIGHT ACTIVITIES, TRANSPORTATION**

*Applicable to Boys & Girls Club, Jr MYF, MYF*

* **General Permission/Medical Release From:** All children/youth participating in MCMC connected activities must complete this form before participation in such activity. This form will be updated on a yearly basis. (*see Appendix H*)
* **Notification of Events:** Parents/Guardians will be notified about children/youth events.
* **Overnight Activities:** For **every** activity that involves sleeping overnight, a permission form MUST be completed prior to the activity. (*see Appendix I*) Examples of activities are: lock-ins, retreats, convention, or long term service projects. Overnight activities involving children/youth shall be chaperoned bytwo (2) Approved Adults of each gender (this is an exception to the general guidelines) and boys and girls will sleep in separate areas. *If we do not have enough Approved Adults, then participation in the activity will be canceled.*
* **Transportation of Children/Youth:** When children/youth are transported for church activities they shall be transported in groups with at least one Approved Adult in each vehicle. To transport children/youth in a personal vehicle, the driver must be an Approved Adult.Anyone who has had their license revoked or suspended within the past five years will be ineligible to drive for youth activities, unless church council reviews a case and gives permission.

**APPROPRIATE SUPERVISION RATIOS**

The following chart provides ratios of adults to children/youth for all day trips and overnight activities on or off church property.

| **Grade** | **Number of children/youth (not related to Approved Adult)** | **Number of Approved Adults required** | **Plus one additional adult for increased number of children/youth** |
| --- | --- | --- | --- |
| Pre-school – 3 | 8 | 2 | Up to 4 |
| 4 – 5 | 8 | 2 | Up to 4 |
| 6 – 12 | 8 | 2 | Up to 6 |

The above detailed ratio of Approved Adults to children/youth applies to activities where numbers of participants are known in advance. If additional children/youth show up at an activity, causing the number to exceed this ratio, attempts to get another Approved Adult will be made, but not required due to lack of advanced noticed.

**MENTEE MENTORING PROGRAM**

Mentors are same-gender adults, chosen by mentees, and approved by the mentee’s parents/guardians and must be an Approved Adult. Mentors earn the mentee’s trust through authentic interaction, by providing friendship and companionship, helping facilitate the mentee’s spiritual growth and maturity, and complementing the role of the parents/guardians.

* ***Accountability***
  + **Logs:**
    - Logs will be kept by the mentor and mentee as a form of accountability and protection.
    - Logs will track date, time, place, duration and purpose of each meeting.
    - No more than four (4) days after each meeting:
      1. The mentee’s parents/guardians will initial the mentee’s log.
      2. The mentor’s log will be initialed by a member of the SCC.
    - Logs are to be turned in, monthly, to the church office.
    - Logs are subject to review by the SCC.
  + **Meeting Location***:*

Preference is to be given to mentoring in a public place. When mentoring in a private setting, the mentee’s parents/guardians must be informed and in agreement with the setting. A private setting meeting is to be easily interruptible.

* + **Time:**

Late evening mentoring is discouraged. In the event of a late evening activity, specific time constraints are established with parents/guardians and on-going communication maintained.

* + **Check In:**

The SCC will connect with the mentors, at least 3 times a year, to provide support, accountability, guidance and oversight of the mentoring relationship.

* + **Ending Mentoring Relationship:**

When a mentoring relationship is established it is done so with integrity and thoughtfulness; in anticipation of a comfortable mentoring bond. However, there may be times when the relationship does not match. If this is the situation then:

* + - 1. If mentee is discontinuing: inform parents/guardians of ending the relationship.
      2. If parents/guardians discontinuing: talk with the mentee of the concerns regarding the mentoring relationship. If possible, talk with the mentor. Inform the chair of the SCC that the relationship is being discontinued.
      3. If mentor is discontinuing: talk with chair of the SCC before making a decision to discontinue.
* ***Beyond Mentor’s Skills***
  + Mentors will not engage the mentee in counseling that may require professional help. This may include, but is not limited to, drug or alcohol addiction, sexual assault, severe problems with parents/guardians relationship, sustained depression or chronic anxiety, eating disorders, and suicidal tendencies.
  + If something in the mentee’s life is beyond the scope of mentor’s skills then the mentor will
    - Dialogue with mentee about mentor’s concerns
    - Recommend mentee talk with parents/guardians regarding the option of obtaining professional help. Also, mentor can offer to be with mentee during such conversation with parents/guardians.
    - Inform mentee that the mentoring relationship can continue alongside professional help if desired by the mentee.
    - If the situation involves severe problems with the parents/guardians relationship then the mentor and mentee are encouraged to meet with a member of the SCC to determine next steps.
  + The mentor will inform the chair of the SCC of the concerns surrounding the mentee.
* ***Confidentiality***
  + The mentor and mentee relationship is confidential unless there is concern that the mentee may harm self or someone else. Then the mentor must inform mentee’s parents/guardians.

**KEY POLICY**

* Certain people are authorized, by virtue of their position in the church, to hold keys. Church Council will approve the list of positions to whom keys are given and their current holders once each year.
* Any other person not on the approved list of positions, who seeks possession of a key to the church building, will have a clearly stated reason for needing a key, borrow the key from a keyholder, and have a specific return time. If the keyholder has any concerns. All keys shall be of a type that cannot be duplicated, in order to eliminate unauthorized reproduction.
* The keys will be maintained in a locked storage area and distributed by the Administrative Assistant, following approval of the recipient by Church Council.
* Records of key holders will be maintained by the Administrative Assistant and kept on file. Keys are distributed for authorized purposes only and shall be returned as soon as that authorized purpose terminates. The return shall be documented.
* Key holders will be required to sign and submit a Key Receipt/Statement of Compliance Form. (*see Appendix J*)
* It will be the responsibility of the trustee/s to monitor who is in possession of keys and request the return of keys from persons no longer approved to hold them. Keys are not to be loaned to unauthorized persons, or kept beyond the time needed for the authorized purpose. Approved key holders may loan their key to an adult who is an immediate family member if that individual has signed the Key Receipt/Statement of Compliance Form. Authorized youth leaders may share a key as long as each leader has signed the Key Receipt/Statement of Compliance Form.
* No key holder will use her/his key to access the church with a child/youth not from her/his own immediate family, or with whom the key holder is not a guardian/foster parent of, at a time when there is no church related activity being held in which the child/youth and the key holder are involved. In the rare case an exception is to be made to this provision, a written note from the child’s/youth’s parent/guardian must be submitted to the church office and approved by the SCC Chair prior to entry.

**PROVIDING COMMUNITY FOR KNOWN SEXUAL OFFENDERS**

Individuals who have been adjudicated by a court or child protective services findings as sexual offenders and/or have admitted to past sexual abuse of child/youth, and who are willing to abide by the guidelines set forth in this policy, are welcome to attend worship services and adult educational activities. Such individuals are hereafter referred to as “known offenders” or “offenders.” The offender and the Pastor will work together to decide and implement an appropriate method of informing the congregation of the offender’s status.

* The minimum guidelines by which any known offender may participate in the life of the congregation are set forth below, and shall be incorporated into a covenant specifically designed for the individual offender and signed by the offender prior to participation. (*see Appendix K)*
* Depending on the circumstances and at the discretion of the SCC, additional restrictions may be incorporated into an individual covenant. If an individual is on probation/parole, specific provisions related to contact with children/youth and participation in counseling will be incorporated into the covenant. The individual covenant may also permit participation in additional church activities (other than those involving children/youth) if circumstances warrant.
* An individual on probation/parole for a child/youth sexual offense may have restrictions placed on church attendance as part of her/his probation/parole condition. On occasion, an exception to a “no church attendance” provision of probation/parole may be made by an officer of the court, based on the church’s capacity to manage the offender in a way that keeps her/him from contact with children/youth. Any individual on probation/parole must provide the Pastor with a copy of the probation/parole agreement, including its terms and conditions, as well as the contact information for the probation/parole officer assigned.

Minimum Guidelines Under Which a Known Sexual Offender May Participate:

* **Offenders are expected to comply fully with all restrictions and requirements placed upon them as a result of any legal actions, and provide the Pastor** with copies of any judgments, conditions of parole, or other documents in which restrictions or requirements as a result of convictions or judgments are stated. These documents will be kept in a secured location at MCMC and provided to the SCC.
* **Offenders are expected to participate in a professional counseling program** with a therapist certified in the treatment of sex offenders and to follow all recommendations from that therapist. Counseling will continue until the therapist deems it to be complete. The offender will adhere to any follow-up recommendations made upon discharge from counseling. The offender may be asked to periodically sign a limited disclosure authorization for the therapist to verify to the Pastor that the individual is in treatment. If treatment was completed prior to the offender connecting with the congregation, consent will be provided to allow the Pastor to verify this with the service provider.
* In a case of extreme financial hardship where the offender cannot afford counseling and is not required by the court to be in counseling, the Pastor will work with the offender to create an alternative plan that may include regular pastoral counseling, participation in a community-based group for sexual offenders, or other affordable venues.
* **Known sexual offenders can NEVER become Approved Adults.**
* **The SCC will assign a supervisor to any offender participating in the life of the congregation.** A supervisor will be an adult who is not related to the offender. She/he will receive training (*see Appendix L*) by a professional agency (Collins Center) that will include information on sexual offender dynamics, the long-term impact of sexual abuse on victims, and any specific conditions related to participation under the specific covenant established. If the offender is on probation/parole, the training may need to be approved by the officer of the court handling the case.
* **The SCC will identify a small group of “covenant partners” for an offender.**  This small group will provide support with spiritual (such as prayer, bible study, and small group inclusion), emotional and practical issues (such as housing, employment, social support, counseling accountability) and will meet with the offender on a regular basis. They will receive training by a professional agency (Collins Center) that will include information on sexual offender dynamics, the long-term impact of sexual abuse on victims, and any specific conditions related to participation under the specific covenant established. The supervisor and covenant partners are not to be the same individuals.
* **The offender may participate in worship in the sanctuary and attend adult Sunday School classes. Any other activities the offender is permitted to participate in will be detailed in the covenant.**
* **A supervisor must accompany the offender at all times when on church property.**
* At no time should the offender deliberately place her/himself in or remain in any location in or around the church facilities in a manner that would cause undue distress to others.
* **At least once each calendar year and as otherwise requested,** the offender shall meet with and report to the Pastor regarding status of adherence to these guidelines.
* **If the offender should decide to relocate membership (or substantially attend) to another congregation,** the Pastor will seek to inform the leadership of that congregation of the conditions of these guidelines**.**

**SUSPECTED CHILD ABUSE REPORTING AND RESPONSE; RESPONSE TO ALLEGATIONS; ADMISSIONS; AND CRIMINAL CHARGES**

How Mandated Reporting Works in Virginia:

* **Anyone may report suspected child abuse.** However, the Virginia Code imposes a reporting mandate, or requirement, on any individual who comes into contact with children/youth in the course of her/his work or professional practice and has “reason to suspect that a child is abused or neglected”. These individuals are known as mandated reporters. Pastors are not considered to be mandated reporters in Virginia. **However, for the purposes of this Safe Congregation Policy, Pastors are to function as mandated reporters.** Approved Adults are also not considered mandated reporters under the Virginia Code; however, best practices in church settings dictate that all such persons immediately report any suspected abuse to the SCC Chair, who in turn will make the required report. **Our church follows this best practice. The state** *mandate to report* **dictates that persons, who in the course of their duties with the organization (MCMC), “have reason to suspect that a child is an abused or neglected child” (VA Code §63.2­1509 A) will report this matter immediately; our church extends this** *mandate to report* **to all church employees, members, and Approved Adults working with children/youth.** This applies to all suspected child/youth abuse, not just abuse that has been perpetrated by someone within the church. Possible abusers could include parents, relatives, older siblings, neighbors, coaches, teachers, family friends, and other children. Furthermore, **a mandated reporter need not make a first­hand observation of the suspected child/youth abuse victim**. Second­hand reports of abuse must be reported to the proper authorities if the reporter has “reasonable cause to suspect” that child/youth abuse has occurred. The Virginia Code specifically grants legal immunity to any individual who, in good faith, makes a report of suspected child/youth abuse. Failure to report suspected abuse by a mandated reporter can result in fines or a Class 1 misdemeanor.

Internal Guidelines For Reporting Suspected Abuse:

* An employee or an Approved Adult who has reasonable cause to suspect that a child/youth under her/his care, guidance or supervision, or a child/youth not directly under her/his care, guidance or supervision but involved in any church program or activity, has been abused by anyone (including but not limited to the child’s/youth’s family, guardians, Approved Adult) shall immediately inform the Pastor and/or the SCC Chair and document the suspected abuse by completing a **Suspected Child Abuse Incident Report**. (*see Appendix M*)
* **The church is not responsible for investigating or determining whether or not abuse has occurred. The standard under the law for reporting is that “a reasonable person has cause to believe the child/youth has been abused.” Detailed interviews and extensive questioning with the child/youth and/or the alleged abuser should be conducted by legal authorities, not the church.**
* If a child/youth is injured or in pain, call 911 and seek immediate medical assistance.
* Upon receiving knowledge of suspected abuse, the Pastor and/or the SCC Chair will immediately make an oral report by calling the Virginia DSS. In Harrisonburg, reports should be made by calling Harrisonburg/Rockingham DSS at 540­574­5100 or by calling the Child Protective Services (CPS) Hotline at 1-800-552-7096. DSS is mandated to contact the local law enforcement agency immediately upon receiving a report of suspected child/youth abuse.
* As a community that feels strongly that adults have a responsibility to protect children/youth, any individual is encouraged to contact the CPS Hotline directly if she/he has cause to believe that a child/youth has been abused. If there is any delay in being able to contact the Pastor or SCC Chair, the individual should contact the CPS Hotline directly.
* The congregation will cooperate fully with government authorities investigating allegations of abuse. The initiative for investigating alleged abuse resides with DSS and/or law enforcement, and shall not be carried out by MCMC, the Pastors or any other church leadership body.
* All allegations of child/youth abuse or serious physical neglect will be taken seriously by the Pastor and the SCC. These allegations will be treated in strict confidence. All reporting steps taken will be documented, including a log of phone calls, personal visits, and written reports. Documentation should be kept in a secure file in the Church office.
* All communications regarding the report of suspected child/youth abuse shall attempt to protect the dignity and privacy of those persons affected by the report including the alleged child/youth and the person suspected of child/youth abuse, while at the same time ensuring that persons in responsibility and law enforcement authorities remain fully informed.

Follow-Up, Investigation, and Documentation:

* Following placement of the call to report suspected abuse to DSS or the CPS Hotline, the SCC Chair or Pastor will inform the parent/guardian provided that **neither** parent/guardian is suspected of abuse. **If a parent/guardian is the alleged abuser, her/his first contact about the allegation should come from either DSS or the police, not the church. If a parent/guardian is the alleged abuser, informing either parent/guardian before contact with DSS or law enforcement is made can interfere with the investigation and may pose a significant safety risk to the child/youth. Therefore,** NO ONE SHALL **inform the parent/guardian that a report has been made if** EITHER **of the parent/guardian is the alleged abuser.**
* The church should not enter into discussion with the alleged abuser after a report has been filed and during the course of the legal investigation about the details of the complaint. The alleged abuser will be removed from any position in which she/he has supervisory authority over children/youth pending the completion of the investigation.
* Our church insurance company and Virginia Mennonite Conference District Minister **WILL** be contacted by Church Council after the report is filed as a matter of routine practice if the alleged abuse involves an MCMC employee or Approved Adult, if the abuse occurred on church property or if the abuse occurred at a church function off-site. The alleged abuser will have her/his ministry suspended, contact with children/youth ceased immediately; and if employed by MCMC, may be placed on unpaid leave for a designated period of time during the investigation. If the investigation is unfounded the employee will be compensated back wages. If the alleged offender is employed by the church and suspended, needs of any dependents she/he may have in her/his household will be considered and addressed by the Care and Share Committee as appropriate during the suspension.
* If an incident is reported that does not rise to the level of making a mandated report, the SCC Chair will inform the child’s/youth’s parent/guardian of the concern and document the meeting.

Information:

* The extent to which information will be shared with the congregation will be determined by Pastoral Team, and others as appropriate. Input of the Virginia Mennonite Conference District Minister may be sought if a Pastor is involved. When sharing with the congregation, the child/youth identity shall be treated confidentially whenever possible.
* All necessary parties will cooperate with the investigations made by the police.
* Church Council will determine who will act as the official spokesperson for the congregation. Only the official spokesperson may speak for the congregation to the news media, government agencies, attorneys, or others.

Continuing the Ministry of Our Church:

* Pastoral support will be offered, as appropriate, to all parties involved, including those who have made the complaint, the alleged abuser, the families of both, and the congregation. Decisions about how this support will be given will be made by the Pastoral Team.
* If the allegations involve a Pastor, the ministry of the church will need to be maintained while the issue is being addressed. Decisions regarding how this will be accomplished will be made by Church Council, with assistance from the Virginia Mennonite Conference District Minister.

Response to Allegations, Admissions, and Criminal Charges:

* Persons who admit to, plead guilty to, or are convicted in a court of law of any form of physical or sexual abuse of a child/youth will be immediately, permanently, and completely disqualified by the SCC from working with children/youth in the congregation. Persons who admit to a Pastor or any member of the SCC any type of physical or sexual abuse of a child/youth but who have not appeared in a court of law will be reported and disqualified from working with children/youth in the congregation.
* Allegations of sexual or physical abuse of anyone shall disqualify any person from working with children/youth until an investigation is completed. If an arrest has been made and charges filed by the police for any violent crime, including any physical or sexual abuse of anyone, the person will be immediately removed from any susceptible environments with children/youth until the investigation and legal process is complete. This serves not only as protection to children/youth but also as protection for the person alleged to have transgressed, as such a person may be vulnerable to accusations of inappropriate conduct based on perception of risk, which may or may not be well-founded.

Violations of Safe Congregation Policy:

* It is our hope and prayer that this policy will be upheld by all; however if there is an instance of failure to do so, other than abuse, this will be reported to the SCC Chair. The SCC will carry out an investigation. If a person is found to be in violation of the policy, gentle admonition and guidance as necessary will occur.
* In the instance that the SCC determines a purposeful violation of the policy or repeated policy violations, appropriate corrective measures will be taken by the SCC.

**TRAINING AND EDUCATION**

*Policy on Education and Training:*

* This policy will be available to the entire congregation through a web-based site and/or accessible physical location. New members will be directed, by the SCC Chair, to the web or physical location, and/or given a copy of
* the policy.
* In order to be an Approved Adult, one must participate in an initial training that covers recognizing and responding to child/youth abuse, mandated reporting requirements, and church guidelines and practices. A refresher course for all Approved Adults and employees will be held at least every two (2) years. Those who cannot attend sessions in person will be required to review a DVD or a PowerPoint of the training prior to serving with children/youth. Adults will not be approved to take care of children/youth until after the required training is completed.
* All Approved Adults and MCMC employees will receive a full copy of the Safe Congregation Policy and sign the Safe Congregation Covenant.

*Procedures for Education and Training:*

**Employees and Approved Adults**

* Training will be considered a mandatory part of Approved Adult and MCMC employee orientation and will be offered in the fall of each year and on an as needed basis. The SCC will be responsible to organize and implement the training.
  + Training will include the use of professional training materials on child/youth abuse, including specific information about child/youth sexual abuse, behavioral signs, and how to respond to a disclosure; the grooming process sexual offenders often use to engage children/youth; a review of policies and procedures that are specific to MCMC and pertinent to the work in which the employee or Approved Adult will be involved; and instruction in the use and completion of the various forms.
* Once an individual has participated in the initial training, a refresher training will be required every two (2) years to ensure that the individual's knowledge is current and accurate.
* The church’s Administrative Assistant will maintain a record of who has received training and the dates.

**Parents and Other Congregants**

* Child Abuse Awareness education will be offered at least once each year for all interested individuals, and shall include information about the spiritual, as well as psychological and physical, impact of abuse. The educational sessions may be provided in various formats, such as an adult education class, a whole-congregation meeting, a special workshop in the evening or weekend, etc. The SCC will be responsible to organize and implement the training.

**Children and Youth**

* Sunday School Superintendents are highly encouraged to utilize Christian Education curriculums on healthy physical, emotional, and sexual boundaries, including sexual abuse prevention, which would be for several weeks at least once every two (2) years. The purpose is to provide our children/youth with the opportunity to receive age-appropriate information in a faith-based context to help them recognize inappropriate conduct on the part of an adult or older child/youth, and to empower them to say no, and tell a “safe adult” at church, home, school. (*Suggested Resource: Circle of Grace created by Dove’s Nest:* [*http://dovesnest.net*](http://dovesnest.net)*)*

**USE OF FACILITIES BY OUTSIDE ORGANIZATIONS**

* Outside groups and organizations using the church facilities on a recurring basis are to be made aware of this policy and must adhere to it or must provide evidence of their own policy and procedures, subject to review and acceptance by MCMC via the SCC.
* If their policy does not include a “two adult” rule; clearances and training for Approved Adults and employees; procedures for immediate reporting of suspected child/youth abuse to DSS; and a restriction on adults being alone in the facility with a child/youth not their own, the organization is required to comply with the MCMC Safe Congregation Policy.
* An adult representative of outside groups will be required to sign the Safe Congregation Covenant for the sponsoring organization before use of the facilities will be granted.

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**Appendix A**

**Mandated Reporting Laws**

Code of Virginia

63.2-1509. Physicians, nurses, teachers, etc., to report certain injuries to children; penalty for failure to report.

**A**. The following persons who, in their professional or official capacity, have reason to suspect that a child is an abused or neglected child, shall report the matter immediately to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or to the Department's toll-free child abuse and neglect hotline:

1. Any person licensed to practice medicine or any of the healing arts;

2. Any hospital resident or intern, and any person employed in the nursing profession;

3. Any person employed as a social worker;

4. Any probation officer;

5. Any teacher or other person employed in a public or private school, kindergarten or nursery school;

6. Any person providing full-time or part-time child care for pay on a regularly planned basis;

7. Any mental health professional;

8. Any law-enforcement officer;

9. Any mediator eligible to receive court referrals pursuant to § 8.01-576.8;

10. Any professional staff person, not previously enumerated, employed by a private or state-operated hospital, institution or facility to which children have been committed or where children have been placed for care and treatment;

11. Any person associated with or employed by any private organization responsible for the care, custody or control of children;

12. Any person who is designated a court-appointed special advocate pursuant to Article 5 (§ 9.1-151 et seq.) of Chapter 1 of Title 9.1;

13. Any person, over the age of 18 years, who has received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect; and

14. Any person employed by a local department as defined in § 63.2-100 who determines eligibility for public assistance.

This subsection shall not apply to any regular minister, priest, rabbi, imam, or duly accredited practitioner of any religious organization or denomination usually referred to as a church as it 2

relates to (i) information required by the doctrine of the religious organization or denomination to be kept in a confidential manner or (ii) information that would be subject to § 8.01-400 or 19.2-271.3 if offered as evidence in court.

If neither the locality in which the child resides nor where the abuse or neglect is believed to have occurred is known, then such report shall be made to the local department of the county or city where the abuse or neglect was discovered or to the Department's toll-free child abuse and neglect hotline.

If an employee of the local department is suspected of abusing or neglecting a child, the report shall be made to the court of the county or city where the abuse or neglect was discovered. Upon receipt of such a report by the court, the judge shall assign the report to a local department that is not the employer of the suspected employee for investigation or family assessment. The judge may consult with the Department in selecting a local department to respond to the report or the complaint.

If the information is received by a teacher, staff member, resident, intern or nurse in the course of professional services in a hospital, school or similar institution, such person may, in place of said report, immediately notify the person in charge of the institution or department, or his designee, who shall make such report forthwith.

The initial report may be an oral report but such report shall be reduced to writing by the child abuse coordinator of the local department on a form prescribed by the Board. Any person required to make the report pursuant to this subsection shall disclose all information that is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department, which is the agency of jurisdiction, any information, records, or reports that document the basis for the report. All persons required by this subsection to report suspected abuse or neglect who maintain a record of a child who is the subject of such a report shall cooperate with the investigating agency and shall make related information, records and reports available to the investigating agency unless such disclosure violates the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). Provision of such information, records, and reports by a health care provider shall not be prohibited by § 8.01-399. Criminal investigative reports received from law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be subject to public disclosure.

**B.** For purposes of subsection A, "reason to suspect that a child is abused or neglected" shall include (i) a finding made by an attending physician within seven days of a child's birth that the results of a blood or urine test conducted within 48 hours of the birth of the child indicate the presence of a controlled substance not prescribed for the mother by a physician; (ii) a finding by an attending physician made within 48 hours of a child's birth that the child was born dependent on a controlled substance which was not prescribed by a physician for the mother and has demonstrated withdrawal symptoms; (iii) a diagnosis by an attending physician made within seven days of a child's birth that the child has an illness, disease or condition which, to a reasonable degree of medical certainty, is attributable to in utero exposure to a controlled substance which was not prescribed by a physician for the mother or the child; or (iv) a diagnosis by an attending physician made within seven days of a child's birth that the child has fetal alcohol syndrome attributable to in utero exposure to alcohol. When "reason to suspect" is based upon this subsection, such fact shall be included in the report along with the facts relied upon by the person making the report.

**C**. Any person who makes a report or provides records or information pursuant to subsection A or who testifies in any judicial proceeding arising from such report, records, or information shall be immune from any civil or criminal liability or administrative penalty or sanction on account of such report, records, information, or testimony, unless such person acted in bad faith or with malicious purpose.

**D**. Any person required to file a report pursuant to this section who fails to do so within 72 hours of his first suspicion of child abuse or neglect shall be fined not more than $500 for the first failure and for any subsequent failures not less than $100 nor more than $1,000.

(1975, c. 341, § 63.1-248.3; 1976, c. 348; 1978, c. 747; 1993, c. 443; 1994, c. 840; 1995, c. 810; 1998, cc. 704, 716; 1999, c. 606; 2000, c. 500; 2001, c. 853; 2002, cc. 747, 860; 2006, cc. 530, 801.)

63.2-1606. Protection of aged or incapacitated adults; mandated and voluntary reporting.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**A.** Matters giving reason to suspect the abuse, neglect or exploitation of adults shall be reported immediately upon the reporting person's determination that there is such reason to suspect. Medical facilities inspectors of the Department of Health are exempt from reporting suspected abuse immediately while conducting federal inspection surveys in accordance with § 1864 of Title XVIII and Title XIX of the Social Security Act, as amended, of certified nursing facilities as defined in § 32.1-123. Reports shall be made to the local department or the adult protective services hotline in accordance with requirements of this section by the following persons acting in their professional capacity:

1. Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503, with the exception of persons licensed by the Board of Veterinary Medicine;

2. Any mental health services provider as defined in § 54.1-2400.1;

3. Any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5;

4. Any guardian or conservator of an adult;

5. Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;

6. Any person providing full, intermittent or occasional care to an adult for compensation, including but not limited to, companion, chore, homemaker, and personal care workers; and

7. Any law-enforcement officer.

**B.** The report shall be made in accordance with subsection A to the local department of the county or city wherein the adult resides or wherein the adult abuse, neglect or exploitation is believed to have occurred or to the adult protective services hotline. Nothing in this section shall be construed to eliminate or supersede any other obligation to report as required by law. If a person required to report under this section receives information regarding abuse, neglect or exploitation while providing professional services in a hospital, nursing facility or similar institution, then he may, in lieu of reporting, notify the person in charge of the institution or his designee, who shall report such information, in accordance with the institution's policies and procedures for reporting such matters, immediately upon his determination that there is reason to suspect abuse, neglect or exploitation. Any person required to make the report or notification required by this subsection shall do so either orally or in writing and shall disclose all information that is the basis for the suspicion of adult abuse, neglect or exploitation. Upon request, any person required to make the report shall make available to the adult protective services worker and the local department investigating the reported case of adult abuse, neglect or exploitation any information, records or reports which document the basis for the report. All persons required to report suspected adult abuse, neglect or exploitation shall cooperate with the investigating adult protective services worker of a local department and shall make information, records and reports which are relevant to the investigation available to such worker to the extent permitted by state and federal law. Criminal investigative reports received from law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be subject to public disclosure.

**C.** *Any financial institution staff who suspects that an adult has been exploit*ed financially may report such suspected exploitation to the local department of the county or city wherein the adult resides or wherein the exploitation is believed to have occurred or to the adult protective services hotline. For purposes of this section, financial institution staff means any employee of a bank, savings institution, credit union, securities firm, accounting firm, or insurance company.

**D.** *Any person other than those specified in subsection A who suspects that an adult is an abused*, neglected or exploited adult may report the matter to the local department of the county or city wherein the adult resides or wherein the abuse, neglect or exploitation is believed to have occurred or to the adult protective services hotline.

**E.** Any person who makes a report or provides records or information pursuant to subsection A, C or D, or who testifies in any judicial proceeding arising from such report, records or information, or who takes or causes to be taken with the adult's or the adult's legal representative's informed consent photographs, video recordings, or appropriate medical imaging of the adult who is subject of a report shall be immune from any civil or criminal liability on account of such report, records, information, photographs, video recordings, appropriate medical imaging or testimony, unless such person acted in bad faith or with a malicious purpose.

**F**. An employer of a mandated reporter shall not prohibit a mandated reporter from reporting directly to the local department or to the adult protective services hotline. Employers whose employees are mandated reporters shall notify employees upon hiring of the requirement to report.

**G.** *Any person 14 years of age or older who makes* or causes to be made a report of adult abuse, neglect, or exploitation that he knows to be false shall be guilty of a Class 4 misdemeanor. Any subsequent conviction of this provision shall be a Class 2 misdemeanor.

**H.** *Any person who fails* to make a required report or notification pursuant to subsection A shall be subject to a civil penalty of not more than $500 for the first failure and not less than $100 nor more than $1,000 for any subsequent failures. Civil penalties under subdivision A 7 shall be determined by a court of competent jurisdiction, in its discretion. All other civil penalties under this section shall be determined by the Commissioner or his designee. The Board shall establish by regulation a process for imposing and collecting civil penalties, and a process for appeal of the imposition of such penalty pursuant to § 2.2-4026 of the Administrative Process Act.

**I.** Any mandated reporter who has reasonable cause to suspect that an adult died as a result of abuse or neglect shall immediately report such suspicion to the appropriate medical examiner and to the appropriate law-enforcement agency, notwithstanding the existence of a death certificate signed by a licensed physician. The medical examiner and the law-enforcement agency shall receive the report and determine if an investigation is warranted. The medical examiner may order an autopsy. If an autopsy is conducted, the medical examiner shall report the findings to law enforcement, as appropriate, and to the local department or to the adult protective services hotline.

**J.** No person or entity shall be obligated to report any matter if the person or entity has actual knowledge that the same matter has already been reported to the local department or to the adult protective services hotline.

**K.** All law-enforcement departments and other state and local departments, agencies, authorities and institutions shall cooperate with each adult protective services worker of a local department in the detection, investigation and prevention of adult abuse, neglect and exploitation.

**Appendix B**

**MOUNT CLINTON MENNONITE CHURCH**

*APPLICATION TO BECOME AN APPROVED ADULT*

This application is a mandatory part of a process to assist MCMC in providing a safe, nurturing Christian environment for our children/youth. Persons responsible for the supervision and care of our children/youth are in a special position of trust and confidence. Therefore, anyone seeking to work with the children/youth of MCMC must complete this application.

I wish to be approved as:

\_\_\_\_\_\_\_Approved Adult (requires clearance forms)

\_\_\_\_\_\_\_Helper/Teaching Assistant (works under supervision of Approved Adults)

**PERSONAL INFORMATION**

*Please attach photographic identification, e.g., copy of driver’s license, school ID, etc.*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Or other photo ID (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Permanent addresses you have maintained during the last five years, beginning with the most recent.

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Are you 18 years of age or older? o Yes o No

**Before answering the next set of questions on this application, please read the Safe Congregation Policy of MCMC and the page attached to this application on which appear definitions of child abuse and child sexual abuse and exploitation.** In the questions below, the words “abuse,” “abusing a child” and “child abuse” are intended to include the conduct described in the definitions.

Is there any reason why you should not work with children/youth? o Yes o No

If yes, please explain.

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Have you ever abused a child/youth (a person less than 18 years of age)? o Yes o No

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been accused of abusing a child/youth? o Yes o No

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever been involved in a child abuse investigation as a witness, alleged victim, or alleged abuser? o Yes o No

If yes, please explain.

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

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Have you ever been arrested for, convicted of, or plead guilty to a criminal offense against a person? o Yes o No

If yes, please explain.

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

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**CHURCH OR CHILD-RELATED WORK**

List your talents, training, education, etc., that might help enrich the lives of our children/youth. Describe the type of work you prefer.

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

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Name and address of church (if any) of which you are now a member, if other than this congregation.

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

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Names and addresses of all churches you have attended on a regular basis at any time during the last five years.

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

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Describe any church work you have done with children/youth during the last five years. Include the church’s name, city, and year(s) of participation.

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

Describe any non-church related work you have done with children/youth during the last five years. Include the organization’s name, city, and year(s) of participation.

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

**PERSONAL REFERENCES**

Give the name, address, and phone number of two persons, not relatives, who have known you for at least five years.

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that the information contained in this application is correct to the best of my knowledge.

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S PERMISSION FOR THE DISCLOSURE OF INFORMATION ABOUT THE APPLICANT AND APPLICANT’S RELEASE OF ALL CLAIMS AGAINST PERSONS OR ENTITIES THAT DISCLOSE INFORMATION OR GIVE OPINIONS ABOUT THE APPLICANT

I understand and agree that the congregation may contact the churches and references identified above and others who may be identified by those listed above. I authorize these references or churches or others to give you any information (including opinions) that they may have regarding my character and fitness for work with children/youth. I also understand and agree that law enforcement authorities or any other person or entity with access to records of criminal arrests or convictions may be contacted during the consideration of this application. I authorize these law enforcement authorities or any other person or entity to provide information regarding criminal arrests or convictions. In consideration of the receipt and evaluation of this application by the congregation, I hereby release the congregation and any individual, church, youth organization, employer, reference, or any other person or entity, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of any person’s or entity’s disclosure of information about me or the expression of an opinion about me. I further state that I have carefully read the foregoing release and understand its content. I am signing this release freely and voluntarily.

Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that the above named applicant has appeared before me and produced an original Social Security card or other acceptable form of identification bearing a Social Security number.

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

**Appendix C**

This document accompanies the Approved Adult Application

**Child Abuse Definitions**

*Child Abuse:* Virginia Code **§**63.2-100 of the Code of Virginia defines an abused child as any child under 18 years of age whose parent or any person responsible for her/his care:

* causes or threatens to cause a non-accidental physical or mental injury;
* has a child present during the manufacture/attempted manufacture/sale of controlled substance;
* neglects or refuses to provide adequate food, clothing, shelter, emotional nurturing or health care;
* abandons the child;
* neglects/refuses to provide adequate supervision;
* knowing leaves a child alone with a person not related by blood or marriage who has been convicted of an offense against a minor; or
* commits or allows to be committed any illegal sexual act upon a child.

*Child Sexual Abuse:* any sexual act between an adult and a minor or between two minors when one exerts power over the other. This includes forcing, coercing or persuading a child to engage in any type of sexual act as well as exhibitionism, exposure to pornography, voyeurism and communicating in a sexual manner by phone or internet.

*Child Sexual Exploitation:* Children are treated as sexual and commercial objects which involves compensation, financial or otherwise. Exploitation can take the form of [prostitution](https://en.wikipedia.org/wiki/Prostitution_of_children), [pornography](https://en.wikipedia.org/wiki/Child_pornography), forced labor, and transactional sex where children engage in sexual activities to have key needs fulfilled, such as food, shelter or access to education.

**Appendix D**

**MOUNT CLINTON MENNONITE CHURCH**

*LETTER OF ACCEPTANCE FOR APPROVED ADULT*

<Date>

Dear <Name>:

I am pleased to inform you that you have successfully completed the procedure to become an Approved Adult for MCMC. After completing the required training session, you will then be able to participate in the exciting ministries that our congregation provides to our children and youth.

As you prepare to serve the children and youth of this congregation you are highly encouraged to continue to become familiar with the congregation’s Safe Congregation Policy so that you may serve in a safe, protective, and caring environment.

If you have any questions about the policy, please feel free to discuss them with me or the Safe Congregation Committee Chair, \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thank you for willingness to serve the children and youth of our congregation.

In Christ’s service,

Pastor \_\_\_\_\_\_\_\_

**Appendix E**

**MOUNT CLINTON MENNONITE CHURCH**

*CHILD/YOUTH PROTECTION COVENANT*

I accept the responsibility to nurture the Christian faith and well-being of the children and youth of MCMC and to care for them as Christ cares for me.

I have read, understand, and agree to abide by MCMC’s Safe Congregation Policy.

I further indicate my understanding and compliance with the following specific conditions regarding children/youth:

* I will become familiar with the location of telephones, first aid kits, fire extinguishers, and fire exits, and with the Procedures outlined in the Safe Congregation Policy manual.
* If I become aware of an injury, accident, or mishap at MCMC or at an MCMC activity at any location, I will make certain that the incident is reported immediately to a member of the Safe Congregation Committee. Committee member’s names are posted on the bulletin board in the lobby.
* While at MCMC or at an MCMC activity at any location, I will not be alone with a child/youth (through age seventeen (17) years) other than my own.
* If I become aware of an inappropriate relationship involving children, youth, or a child or youth and an adult, any one of whom is associated with MCMC, I will report it immediately to a member of the Safe Congregation Committee. .
* When the activity that I am supervising has ended, I will make sure that the lights are out and the doors are locked before I leave, or I will notify other Church representatives who are still in the building that I am leaving.

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix F**

**MOUNT CLINTON MENNONITE CHURCH**

*SUNDAY SCHOOL/NURSERY GUIDELINES*

MCMC Sunday School classes and nursery are designed to provide a place of safety, caring and learning for our children/youth, while allowing their parents/guardians to participate in Adult Sunday School classes, worship or other church related activities. As such, the following policy is designed to protect our children/youth, parents/guardians and Approved Adults who provide class instruction and nursery care:

* Approved Adult policy will be upheld in each classroom and nursery.
* Sign your child in and out for nursery care, using the sign in sheet.
* Due to potential allergic reactions, **snacks containing nuts** are not allowed.
* If a child needs to use the bathroom, an Approved Adult will accompany her/him unless the parent/guardian indicates that she/he is to be contacted.
* If a child is repeatedly displaying inappropriate behavior and redirecting has not worked, parent/guardian will be asked to come to the classroom or nursery. Approved Adults will not:
  + use corporal punishment, including spanking, humiliation or verbal abuse
  + deny a child/youth food as a means of punishment
  + punish a child/youth for soiling, wetting or not using the toilet
* At least one parent/guardian shall remain in the church while the child/youth is in the classroom or nursery.
* Children in nursery must be picked up immediately following Sunday school, service or church activities and checked out in the log by a parent/guardian.
* Should an incident occur that results in physical injury, parent/guardian will be notified immediately.

**\*\*Parents/Guardians are to inform teachers and nursery providers of any special medical conditions\*\***

**Appendix G**

**MOUNT CLINTON MENNONITE CHURCH**

*NURSERY SIGN IN/SIGN OUT SHEET*

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

| **Sign In**  **Name of Child (age)** | **Contact During Services** | **Who will Pick up Child?** | **Sign Out** | **Diaper Changer (circle)** |
| --- | --- | --- | --- | --- |
|  |  |  |  | **Parent/Guardian or Nursery** |
|  |  |  |  | **Parent/Guardian or Nursery** |
|  |  |  |  | **Parent/Guardian or Nursery** |
|  |  |  |  | **Parent/Guardian or Nursery** |
|  |  |  |  | **Parent/Guardian or Nursery** |
|  |  |  |  | **Parent/Guardian or Nursery** |
|  |  |  |  | **Parent/Guardian or Nursery** |
|  |  |  |  | **Parent/Guardian or Nursery** |

**Appendix H**

**MOUNT CLINTON MENNONITE CHURCH**

*CHILD/YOUTH REGISTRATION/INFORMATION FORM*

*Including: Individual Data, General Permission, Medical Information, & Release Forms*

Program Year \_\_\_\_\_\_\_\_\_\_

Name of Child/Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street Town State ZIP

Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in the event parent/guardian cannot be reached)

Relationship to Child/Youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Street Town State ZIP

Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

General Field Trip Permission: I hereby give permission for the child/youth listed below to accompany his/her church group on field trip events as planned by MCMC throughout the \_\_\_\_\_\_\_ school year. I understand I will be notified in advance of specific individual events/activities and will complete, sign and return specific permission forms.

Child/Youth name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Release: I, the undersigned parent/guardian of the child/youth listed on this form do hereby give permission for any MCMC Approved Adult to treat said child/youth for minor injuries and to take her/him to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to the health of the child/youth I consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care that may be rendered to said minor, under the general specific instructions of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of participant’s physician) or if unavailable, by an on-call physician at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child/youth, in my absence, and said physician to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. Delivered to said persons entrusted with the care, custody and control of said minor child/youth, this consent will remain effective until the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ of 20\_\_. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by MCMC.

Further, as parent/guardian of the named above, I do hereby consent that my child/youth may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**MEDICAL DATA**

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance name and #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health History:

Child/Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check those that apply:

\_\_\_\_ Asthma \_\_\_\_ Allergies (check those that apply)

\_\_\_\_ Convulsions \_\_\_\_ 1. Animals \_\_\_\_ 5. Hay Fever

\_\_\_\_ Diabetes \_\_\_\_ 2. Insect Stings \_\_\_\_ 6. Pollen

\_\_\_\_ Ear Infections \_\_\_\_ 3. Plants \_\_\_\_ 7. Food

\_\_\_\_ Epilepsy \_\_\_\_ 4. Medicine/Drugs, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Heart Disease/Defects \_\_\_\_ Other Allergies, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Health Related Conditions

\_\_\_\_ Emotional Issues \_\_\_\_ Nosebleeds \_\_\_\_ Wears Glasses

\_\_\_\_ Fainting \_\_\_\_ Motion Sickness \_\_\_\_ Wears Contact Lenses

\_\_\_\_ Sleep Walking \_\_\_\_ Menstrual Cramps \_\_\_\_ Hearing Impairment

\_\_\_\_ Special Dietary Regimen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A COPY OF THIS FORM WILL BE TAKEN ON EVERY ACTIVITY, FIELD TRIP OR OVERNIGHT EVENT THIS CHILD/YOUTH ATTENDS.

**Appendix I**

**MOUNT CLINTON MENNONITE CHURCH**

*PERMISSION FORM (ONE FOR EACH CHILD/YOUTH)*

Dear Parent/Guardian:

Your child/youth is encouraged to participate in (event) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
 This activity will take place under the guidance and supervision of Approved Adults from MCMC.

Name of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure from MCMC (date) \_\_\_\_ (time) \_\_\_\_ Return to MCMC (date) \_\_\_\_\_ (time) \_\_\_\_

Additional Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Approved Adults:

1. Name \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What to bring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like your child/youth to participate in this event, please sign and return the permission form below by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_. Also include payment if indicated. As the parent/guardian, you remain responsible for any legal responsibility which may result from actions taken by the named child/youth. KEEP this top section for your information.

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

Permission Form:

\*\* Return this lower Form by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent to participation by my child/youth:

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

In (event name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (event date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that this event will take place away from Mt Clinton Mennonite Church building and that my child/youth will be under the supervision of two Approved Adults on the above stated date/dates. I further consent to the stated conditions on participation in this event, including the method of transportation.

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

Print parent/guardian name Sign parent/guardian name Date

Indicate any change in Medical Information which was previously given with the

Child/Youth Registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix J**

**MOUNT CLINTON MENNONITE CHURCH**

*KEY RECEIPT FORM/STATEMENT OF COMPLIANCE*

I understand that, as a person with a key to MCMC, I am responsible for maintaining the safety of the Church environment while the building is unlocked by the key I hold.

I agree to be entirely responsible for the security of the key and:

* not lend the key to anyone, unless authorized by church council and that individual has signed a Key Receipt Form
* not duplicate the key for any reason
* not tag or otherwise identify the key as providing access to the church building
* not access the church except for church related, sponsored or approved activities
* not be alone in any room or secluded area on MCMC property at any time with a child/youth that is not my own or a child of a relative without parental/guardian permission
* return the key when I no longer have the responsibility that created a need to have the key or when an authorized representative of MCMC requests such return
* to pay for my lost or stolen key
* if MCMC building is unlocked by the key that I hold:
  + I will be the last one out of the building and will check that ALL doors are locked, OR
  + I will notify someone in the building that I am leaving and ask that person to lock with her/his key.

I understand that failure to comply with any of the provisions set forth in the Safe Congregation Policy manual or this Key Receipt Form may result in the loss of my privilege to be a key holder.

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)

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

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Date Key Returned: \_\_\_\_\_\_\_\_\_\_ Signature of Key Holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix K**

**MOUNT CLINTON MENNONITE CHURCH**

*SEXUAL OFFENDER COVENANT*

I acknowledge that I have received and read the Safe Congregation Policy of MCMC, and I agree to comply with all its provisions.

By signing this covenant, I further agree to abide by the guidelines set forth in the policy in the section regarding *Providing Community for Known Sexual Offenders* and detailed below; and any additional restrictions specified below.

**I will comply fully with all restrictions and requirements placed upon me as a result of any legal actions, and provide the designated Pastor or Safe Congregation Committee with copies of any judgments, conditions of parole, or other documents in which restrictions on or requirements as a result of convictions or judgments are stated.**

**I am currently on probation or parole:** □YES □NO If YES, complete the following:

* Conditions include “No contact with children/youth” □YES □NO
* Conditions include participation in a mental health treatment program □YES □NO
* The name and contact information for my parole/probation officer is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **I will cooperate with the church supervisor** assigned to accompany me while I am on church property.
* **I will faithfully attend meetings organized by my “covenant partners” on a regular basis.** Such meetings will occur no less than monthly.
* **I acknowledge my attendance is limited to Worship Services and Adult Education classes as follows: (List specific services/times).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **List any other permitted activities here:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* At no time will I deliberately place myself in or remain in any location in or around the church facilities which would cause undue distress to others, particularly areas with children/youth. I understand that a child/youth is anyone under the age of eighteen (18).
* **At least twice each calendar year and as otherwise requested,** I will meet with and report to the Pastor regarding status of adherence to these guidelines.
* **If I should decide to relocate membership (or substantially attend) another congregation,** I understand that MCMC will seek to inform the leadership of that congregation of the conditions of these guidelines**.**
* **I will participate in counseling with a** counselor who is a Certified Sexual Offender Treatment Provider until such time as I am successfully discharged and give my counselor permission to release information regarding my attendance and participation to the Pastor or Child Advocate of this church.

**The contact information for the mental health professional providing my treatment is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** If sessions are terminated I will immediately inform the Pastor. If such sessions are a condition of my probation/parole, I understand I may be suspended from participation at MCMC until I am back in counseling with another qualified counselor that satisfies the conditions set forth by the court.

**The following paragraph applies ONLY if treatment is NOT a condition of probation/parole:**

If I cannot afford counseling because it would create extreme financial hardship, I will discuss my situation with the Pastor to create an alternative plan that may include community or church based groups for sex offenders, one-on-one mentoring, or other affordable venues.

**ADDITIONAL GUIDELINES/RESTRICTIONS/DETAILS**

The following are example of guidelines when supporting a sex offender. Depending on the offender, and/or the specific conditions of probation/parole, additions and/or changes may need to be made to the stipulations.

* I agree to meet my Supervisor promptly in front of my house at (time)\_\_\_\_\_\_\_\_\_\_\_\_on Sunday mornings. The Supervisor will pull up in front of my home and use the car horn to announce her/his arrival. I understand that she/he will wait a maximum of five (5) minutes. If I am unable to meet the time schedule on a given morning, I will not be able to attend church that morning.
* I agree NOT to personally contact the Supervisor. A Supervisor will contact me with any pertinent information concerning a change in the schedule or program.
* I understand that ***No Contact* with** children/youth includes verbal, emotional and physical contact, and mental grooming.
* I will remain within five (5) feet of my Supervisor at all times while in the church facility.
* I will only use the bathroom on the main level of MCMC.
* I will sit in the (specify location within the sanctuary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* If I want to attend a special service held at a time other than on a Sunday morning, that request can be made to the Supervisor who in turn, will alert the Pastor. A decision regarding the request will be made I will be informed in a timely manner. I understand that all conditions and guidelines remain the same for special services.

**I agree to honor and abide by this covenant. I understand the violation of the covenant may result in additional restrictions, or in termination of my participation at worship services.**

I acknowledge my responsibility to be a faithful participant in this program.

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

Offender Date

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

Pastor or Child Advocate Date

Copy to Parole Officer (if applicable)

Copy to Church Supervisor

**APPENDIX L**

**MOUNT CLINTON MENNONITE CHURCH**

*TRAINING FOR SUPERVISORS OF SEX OFFENDERS*

**Should the church decide to welcome a known sexual offender into fellowship in accordance with the guidelines established in this policy, a group of supervisors will receive specific training to include the following items prior to welcoming the offender to the congregation.**

If the offender is currently on probation or parole, permission by the supervising county office to include the offender, as well as approval of the organization providing the training and the curriculum, may be required.

**1. Dynamics of sexual offending** (blame, impulsiveness, denial, deception; role of fantasies)

Summary information about different types of offenders

General characteristics of a pedophile, lifestyle issues, access to victims, orientation

The grooming process

Sex offense therapy (brief overview) – Use of polygraph

**2. Dynamics of victimization** (shame, secrecy, trauma symptoms)

Defining child sexual abuse under VA Code

Long and Short Term Consequences of child sexual abuse

**3. Role of the supervisor**

Close Accompaniment of offender while on church property

Assure no contact with children, including verbal/emotional/physical

Monitor offender compliance with policy and covenant guidelines

**4**. **Specific information about the particular offender**, including any terms of probation or parole, and guidelines agreed to by covenant with the church.

**The church will inform membership of the inclusion of a known sexual offender and the agreed upon guidelines using various means of communication.**

**Appendix M**

**MT. CLINTON MENNONITE CHURCH**

*SUSPECTED CHILD ABUSE INCIDENT REPORT*

For Internal Use Only

*If you suspect (or observe) a child/youth has been abused, you must report it immediately to the Pastor or Safe Congregation Committee Chair. If a child/youth is injured or in imminent danger, call 911.*

**Date of Report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Making Report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ Approved Adult □ Employee □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Child/Youth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Sex □ M □ F**

Parent/Guardian of Child/Youth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown

Describe the circumstances under which you became aware of possible abuse. State the names of any persons who witnessed abuse, or reported this to you. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Describe any injuries you observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does child/youth appear to need immediate medical attention?** □ Yes □ No □ Unknown

**Does child/youth appear to be fearful, suicidal or withdrawn?** □ Yes □ No □ Unknown

**Approximate date of last known incident of abuse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □** Unknown

Describe any physical, mental or behavioral factors that may place the child at risk:

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

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

**Did the abuse take place at the church or during a church-related activity?**

□ Yes □ No □ Unknown If yes, indicate activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Alleged Perpetrator:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown

Relationship to Child/Youth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown

Address of Perpetrator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown

**Describe the extent of alleged perpetrator(s) access to child:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown

Does this person have a history of violence, mental illness, or substance abuse?

□ Yes □ No □ Unknown

If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reported to Pastor or SCC on (date/time):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person making this report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person receiving this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date received this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDITIONAL RESOURCES**