



Participation Covenant Statement



The congregation of Kingswood United Methodist Church is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation’s commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should volunteer to work with children or youth in any church-sponsored activity.
2. All adult volunteers involved with children or youth of our church must have been members of the congregation for at least six months before becoming a volunteer leader.
3. Adult volunteers with children and youth shall observe the “Two-Adult Rule” at all times so that no adult is ever alone with children or youth.
4. Adult volunteers with children and youth shall attend regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
5. Adult volunteers shall immediately report to their supervisor any behavior that seems abusive or inappropriate. This should not be discussed with anyone else other than the supervisor.

Please answer each of the following questions:

1. As a volunteer in this congregation, do you agree to observe and abide by all church policies?
Yes No
2. As a volunteer in this congregation, do you agree to observe the “Two-Adult Rule” at all times?
Yes No
3. As a volunteer in this congregation, do you agree to abide by the six-month rule before becoming a volunteer leader? Yes No
4. As a volunteer in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment? Yes No
5. As a volunteer in this congregation, do you agree to promptly report any abusive or inappropriate behavior to your supervisor? Yes No

I have read this **Participation Covenant**, and I agree to observe and abide by the policies set forth above.

Signature of Applicant

Date

Print full name



Report of Suspected Incident of Child/Youth Abuse



1. Name(s) of worker(s) (paid or volunteer) observing or receiving disclosure of child abuse: _____

2. Victim's name: _____

Victim's age: _____ Date of birth: _____

3. Date/place of initial conversation with/report from victim: _____

4. Summary of observations: _____

5. Name of person accused of abuse: _____

Relationship of accused to victim (paid staff, volunteer, family member, other): _____

6. Call to local law enforcement agency: _____

Date/time: _____

Spoke with: _____

Summary: _____

7. Call to local children and family service agency: _____

Date/time: _____

Spoke with: _____

Summary: _____

8. Reported to pastor: _____

Date/time: _____

Summary: _____



Report of Suspected Incident of Child/Youth Abuse



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2. Victim's name: _____

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5. Name of person accused of abuse: _____

Relationship of accused to victim (paid staff, volunteer, family member, other): _____

6. Call to local law enforcement agency: _____

Date/time: _____

Spoke with: _____

Summary: _____

7. Call to local children and family service agency: _____

Date/time: _____

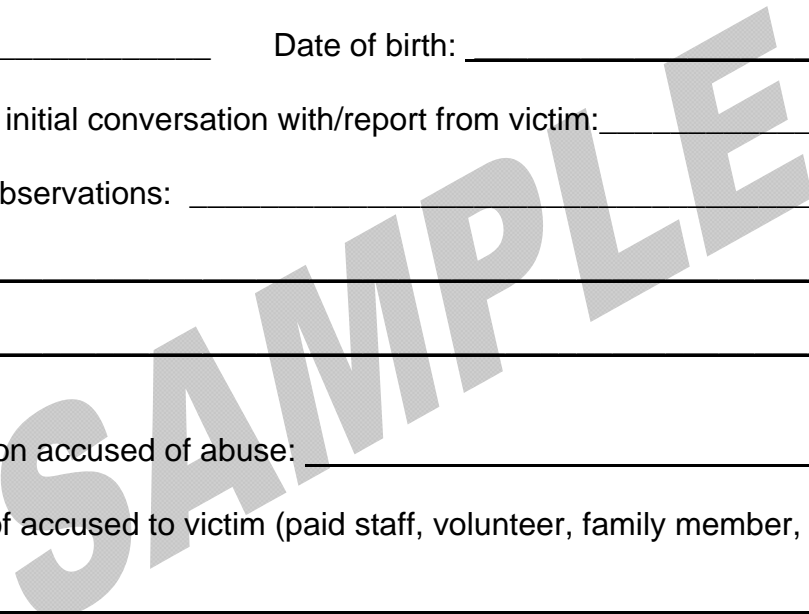
Spoke with: _____

Summary: _____

8. Reported to pastor: _____

Date/time: _____

Summary: _____



9. Call to victim's parent/guardian: _____
Date/time: _____
Spoke with: _____
Summary: _____

10. Other contacts: _____
Name: _____
Date/time: _____
Summary: _____

Signature of Person Completing the Form

Date

Print Name of Person Completing the Form

Note: It is imperative that the person filling out this report be familiar with the state law reporting requirements before taking any action or completing this report.