

# Safe Ministry with Children and Youth Policy

*Rochester Mennonite Fellowship*

## **A. Rationale for the policy**

In order to provide a safe and secure environment for the children and youth of our congregation, Rochester Mennonite Fellowship created a policy and procedural steps to discourage and prevent child abuse. Child abuse can be in the form of physical, emotional, sexual or ritual abuse and also includes neglect. While the primary focus of this policy is sexual abuse, our congregation wants to be an advocate for children in any instance of abuse when the health and well being of a child is at stake.

While this policy directly protects children, it is also set up to protect parents, Sunday school teachers, visitors, leaders of the church, and the church as an entity. To that end, this policy does the following:

- Explains how to understand and identify abuse
- Identifies the members of and responsibilities of the Safe Ministry Committee
- Outlines expectations for teachers and mentors
- Describes a system of screening and training for all those working with children
- Explains the plan of action should an allegation of abuse arise

These guidelines and procedures empower adults in the congregation by providing knowledge about child abuse, a place to turn if an incident arises, and accountability for their actions. Having a clearly articulated plan in place for addressing suspicions of abuse reduces fear and confusion, and provides necessary guidance for the members of the Safe Ministry Committee.

This policy is a part of our congregations' broader desire to promote and encourage healthy sexuality in all our members. Churches have unique features that make them susceptible to incidents of child molestation (trust, opportunity, access, and need). In light of that, we have created this policy as a safeguard for all people who worship with us.

## **B. Understanding and Identifying Abuse**

### What is Child Sexual Abuse?

*“Any sexual activity with a child—whether in the home by a caretaker, in a day care situation, a foster/residential setting, or in any other setting, including on the street by a person unknown to the child. The abuser may be an adult, an adolescent, or another child, provided the child is four years older than the victim.” (National Resource Center on Child Sexual Abuse, 1992)*

“Studies have estimated that 1 out of 3 girls is sexually abused before the age of 18. Similarly, studies indicate 1 out of 7 boys have been sexually abused before the age of 18.” These numbers may well be underestimated since many children are reluctant to report. *“Safe Sanctuaries, Reducing the Risk of Child Abuse in the Church” by Joy T. Melton.*

Child sexual abuse may be violent or non-violent. All child sexual abuse is an exploitation of a child's vulnerability and powerlessness in which the abuser is fully responsible for the actions. Child sexual abuse is criminal behavior that involves children in sexual behaviors for which they are not personally, socially, and developmentally ready. Child sexual abuse includes behaviors that involve touching and non-touching aspects.

Types of abuse that involve touching include:

- ◆ Fondling
- ◆ Oral, genital and anal penetration
- ◆ Intercourse
- ◆ Forcible rape

Types of sexual abuse that do not involve touching include:

- ◆ Verbal comments
- ◆ Pornographic videos or pictures
- ◆ Exhibitionism
- ◆ Allowing children to witness sexual activity

Child sexual abuse occurs in all demographic, racial, ethnic, socio-economic, and religious groups. Strangers account for less than 20 percent of the abusers. Estimates indicate that when a known assailant commits the abuse, half of the time it is a father or stepfather, and the rest of the time it is a trusted adult who misuses his or her authority over children.

#### The Profile of a Child Molester

- ◆ Over eighty percent of the time, the abuser is someone known to the victim
- ◆ Most abuse takes place within the context of an ongoing relationship
- ◆ The usual offender is between the ages of 20-30 years
- ◆ 20 percent of sex offenders begin their activity before the age of 18
- ◆ Child abusers often are married and have children

The most likely assailants in a church setting include Sunday School teachers, religious educators, nursery or preschool workers, teachers in a church-operated school, camp counselors, “concerned” adults who volunteer to transport children to church, and clergy. Trusted adults, male or female, can easily mislead children and most incidents of child sexual abuse take place in the context of an ongoing relationship between the abuser and the child.

#### Symptoms of Molestation – What to watch for:

Physical signs:

- ◆ Lacerations and bruises
- ◆ Difficulty with urination
- ◆ Discomfort when sitting
- ◆ Torn or bloody underclothing

Behavioral signs:

- ◆ Anxiety when approaching church or nursery
- ◆ Nervous or hostile behavior toward adults
- ◆ “Acting out” or play of sexual behavior with other children
- ◆ Withdrawal from church activities and friends

Verbal signs:

- ◆ “(A *particular worker*) does things to me when we are alone.”
- ◆ “I don’t like to be alone with (a *particular worker*).”

### **C. Safe Ministry Committee**

A Safe Ministry Committee will provide oversight to this policy, the teacher screening process, and any allegations that are made. The committee will be comprised of the members of the current Leadership Team plus the Sunday School Coordinator. The current committee is **Kathy Shelly, Wendy Shelly, Dan Giles, Anthony Ricciuti, and Roger Kurtz**. The Sunday School coordinator position has not been filled as of August 2, 2014.

#### **Yearly responsibilities of this committee:**

1. Review the Safe Ministry policy. Propose any needed changes for congregational approval.
2. Put the names of the current committee into the policy and then distribute it to the congregation.
3. Choose 1-2 members of the leadership team to work with the Sunday School coordinator for teacher screening.
4. Follow the guidelines and plan described in this policy to address any issues that arise.
5. Prayerfully discern appropriate levels of confidentiality.

### **D. Screening Process**

All individuals who wish to work with children or youth in our congregation are required to take part in a screening process prior to working as a teacher, assistant, or mentor. All Sunday school teachers should have been regular attendees at Rochester Mennonite Fellowship’s Sunday morning worship for at least 6 months prior to teaching a class. All Youth Mentors should have been regular attendees at Rochester Mennonite Fellowship’s Sunday morning worship for at least 1 year prior to becoming a mentor. All teachers, assistants and mentors will need to complete annual training (as outlined below) and agree to abide by the guidelines of this policy.

#### **Screening for Teachers and Mentors will include the following steps:**

*All forms and information shall remain confidential.*

1. Completion of an Application Form
2. Reference Check
3. Criminal background and sex offender check
4. An interview with the Sunday school coordinator and/or 1 member of the Safe Ministry Committee

If something arises in the background check or interview that is of significant concern, the entire Safe Ministry Committee will come together to discern how to proceed.

#### **Screening for Classroom Assistants and Nursery Workers will include the following steps:**

*All forms and information shall remain confidential.*

1. Completion of an application form
2. Criminal background and sex offender check

3. An interview with the Sunday school coordinator **only** if there is a question about the application or background check.

### **E. Guidelines for Sunday School Teachers, Mentors, and Facilities**

1. All teachers and mentors are required to participate in yearly training. This workshop will include several components:

- a. Reviewing the vision and goals for our Sunday school program.
- b. Exploring the curriculum for the year, scheduling teachers and events, and sharing ideas
- c. Reviewing the congregational Safe Ministry for Children & Youth Policy. This includes:
  - \* Information about child abuse.
  - \* Instructions for reporting suspected child abuse
  - \* Learning the response plan in case there is an incident or allegation

Note: Teachers will be encouraged to get CPR and first aid training if at all possible. If cost is prohibitive for an individual, he or she can contact the Safe Ministry Committee for financial assistance.

2. Because classroom assistants and nursery workers function in a childcare/helping role (versus a formal teaching role), they can opt to attend the yearly workshop **or** complete the training requirement by reviewing the church policy with the Sunday school coordinator.

3. Because we often only have one teacher for each class, the Sunday school coordinator will designate a roamer to monitor the classrooms periodically during the Sunday school hour. We will also make use of a roamer if there is a worker who is less than 18 years of age.

4. For non-Sunday school events that are sponsored by the church (i.e. an overnight trip; VBS), we will attempt to have two adults of each represented gender as supervisors. Our goal is adequate supervision, so the Committee will review the supervision needs for individual events as necessary.

5. At the beginning of each mentor year, parents will be asked to sign a permission form so that their child can meet with the chosen mentor. Mentors are then responsible to let parents know in advance where they will be meeting with the youth. While group activities are preferred, when mentors want to meet alone with youth they are encouraged to meet in public places (coffee shops, at the church, bookstore, etc.).

6. All classroom doors have/ will have windows in them. These windows should not be covered while a class is in session.

7. If there are people under the age of 18 who wish to work with children, the Safe Ministry Committee will decide on a case-by-case basis if this is safe and appropriate.

### **F. Response Plan for Suspected Abuse**

1. Make sure the child is safe.
2. Using the ***Incident Report Form***, record as much information as possible about the incident. Note date, time of day, the names of the people involved (or a description of height, hair color, clothes if the person is unknown) and the action or behaviors witnessed.
3. Bring this report immediately to a member of the Safe Ministry Committee. The Committee is comprised of the Leadership Team and the Sunday School coordinator.

4. The committee will meet within 24 hours to assess the situation, read the report, talk to the person who made the report, and gather any other pertinent information.
5. The committee will develop a plan of action. This committee will act in accordance with all New York state laws and legal counsel. This plan may include, but is not limited to, one or more of the following:
  - a. Contact Child Protective Services
  - b. Confront the alleged perpetrator
  - c. Bring the parties together to address the issue
  - d. Notify the child's parents.
  - e. Temporarily remove a teacher from his/her position until the investigation is complete.
  - f. Notify our insurance carrier
  - g. Recommend steps that would lead to healing and restoration.
  - h. Consult with *Partners in Restorative Initiatives*
6. Using the ***Incident Response Form***, the committee will record the steps they took to address the situation.
7. The committee will define and maintain appropriate levels of confidentiality for each case.

#### **G. Confidentiality**

A locked file cabinet in the church office will contain all forms, screening reports, interviews, consent forms, training records, written reports and other documentation related to this policy.

This policy was updated August 2014.

# Application Form for Teachers & Mentors

Rochester Mennonite Fellowship

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**What age group would you like to work with?** Preschool Elementary Jr. High Sr. High

**How often would you like to teach?** ½ time 1/3 time ¼ time other: \_\_\_\_\_

**When did you begin attending Rochester Mennonite Fellowship?** \_\_\_\_\_

**Please list the names and locations of the churches you have attended regularly in the past 5 years.**

**List examples of your work with children or youth during the past 5 years (church or non-church related).**

**List any gifts, training, education, or other factors that have prepared you for work with children and youth.**

**Have you ever been convicted of or pleaded guilty to a crime other than a minor traffic violation?** \_\_\_No \_\_\_Yes *If yes, please provide explanation on the back of this sheet.*

**List two references. Do not include relatives. Please list at least one non-church member.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone \_\_\_\_\_

## **Applicant's Statement:**

*The information contained in this form is correct to the best of my knowledge. I authorize my references to give information regarding my character and ability to work with children. I agree to abide by the "Safe Ministry for Children and Youth" policy.*

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

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

**Application Form for  
Classroom Assistants & Nursery Workers**  
Rochester Mennonite Fellowship

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**How would you like to share your gifts?**

- Classroom assistant (age level: \_\_\_\_\_)  
 Nursery worker during worship

**How often would you like to help?**

- 1x/ month  
 2x/ month  
 other: \_\_\_\_\_

**How would you like to be contacted about the schedule for helping?**

- email  
 phone  
 in-person

**When did you begin attending Rochester Mennonite Fellowship?** \_\_\_\_\_

**If you have attended RMF for less than a year, please list the names and locations of the churches you have attended regularly in the past 5 years.**

**Have you ever been convicted of or pleaded guilty to a crime other than a minor traffic violation?**  No  Yes *If yes, please provide explanation on the back of this sheet.*

**Please initial the following statements:**

- I have read and will follow the “Safe Ministry for Children & Youth” policy.  
 I will attend a yearly training **OR** meet with the coordinator to review the policy.

**Applicant’s Statement:**

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

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

# Reference Contact Form

Rochester Mennonite Fellowship

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*This document is a record of contact made with the references identified by an applicant for children or youth work.*

Name of Applicant: \_\_\_\_\_

## **Reference #1**

**Name:**

**Date and Time:**

**Method of Contact:** Phone    Email    In-person

**Person making contact:**

**Summary of Conversation:**

- a. How long have you known each other?
- b. What is your relationship to applicant?
- c. What strengths/qualities does this person have in working with children?

d. Do you know any reason why this person shouldn't work with children

## **Reference #2**

**Name:**

**Date and Time:**

**Method of Contact:** Phone    Email    In-person

**Person making contact:**

**Summary of Conversation:**

- a. How long have you known each other?
- b. What is your relationship to applicant?
- c. What strengths/qualities does this person have in working with children?

d. Do you know any reason why this person shouldn't work with children

# Interview Questions for Teachers & Mentors

Rochester Mennonite Fellowship

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Applicant: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Interviewer: \_\_\_\_\_

1. Describe your spiritual journey. (Commitment to Christ, daily walk, growth steps)
  
  
  
  
  
  
  
  
  
  
2. Are you in agreement with the goals of the Sunday school program (Biblical literacy, building community, learning Mennonite beliefs and values, growing in relationship with Jesus, service to the world)?
  
  
  
  
  
  
  
  
  
  
3. Are you willing to make use of our chosen curriculum (*Shine*)?
  
  
  
  
  
  
  
  
  
  
4. Why do you want to work with this age group? What do you enjoy about the age group?
  
  
  
  
  
  
  
  
  
  
5. Do you have anything that hinders your involvement? (physical restrictions, driving, work schedule, ability to handle emergencies, etc)
  
  
  
  
  
  
  
  
  
  
- 6: *If application shows a former criminal or sexual offense, gather the following information:*
  - a. Date and court where the conviction was entered
  - b. Description of the circumstances
  - c. Name and address of the organization involved
  - d. Name and phone number of a person familiar with circumstances.
  
  
  
  
  
  
  
  
  
  
7. We have a yearly workshop for teachers and mentors. This is a time to review the goals and vision of the Sunday school program, to remind us about the Safe Ministry policy, and to make plans for the coming year. Are you willing to participate in this and work with a team?

## Parental Consent Form for Youth Mentor Program

Rochester Mennonite Fellowship

I hereby consent to allow my child \_\_\_\_\_ to participate in the Mentor Program at Rochester Mennonite Fellowship. I understand that my child will be meeting with a church- approved mentor. While this often happens in groups, I understand that my child may sometimes meet alone with his/her mentor. If this is the case, mentors are encouraged to meet with my child in a public place and are required to give me information in advance about where and when they will be meeting with my child.

It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, Rochester Mennonite Fellowship and its volunteers are hereby released from any liability.

I (circle one) DO / DO NOT give permission for the mentor \_\_\_\_\_ to transport my child to Mentor Program events.

My child has the following restrictions: (please include allergies, physical restrictions, etc)

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

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

Home Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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

This consent is in effect for one year from date of signature.

**Safe Ministry with Children & Youth**  
**Incident Report Form**  
Rochester Mennonite Fellowship  
*CONFIDENTIAL*

Name of Person reporting the incident: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Other people present, if any: \_\_\_\_\_

Briefly describe the incident and the cause for your concern:

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

*Please return to a member of the **Safe Ministry Committee** ( Leadership team member or Sunday school coordinator).*

**Safe Ministry with Children & Youth**  
**Incident Response Form**  
Rochester Mennonite Fellowship  
*CONFIDENTIAL*

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

Name of child/youth involved: \_\_\_\_\_

Name of parent/ guardian: \_\_\_\_\_

Name of person who filed the report: \_\_\_\_\_

Summary of Incident: \_\_\_\_\_

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Action Taken (including times and dates):

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*The above information will serve as a guide and will be necessary if a formal report is filed with the police or appropriate government agency. All information received is to be kept strictly confidential.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(person reporting)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(person receiving report)

**BACKGROUND INVESTIGATION AUTHORIZATION**  
Rochester Mennonite Fellowship

I hereby authorize Rochester Mennonite Fellowship to make inquiries concerning my background in connection with the information I provided on the application form and during the interview process. I understand that these inquiries will include the following:

1. Sexual Offender Check
2. Criminal Background Check

I understand that by signing this release form, I am allowing information to be requested from various federal, state, county and local agencies. I acknowledge that a telephone facsimile or copy of this release shall be as valid as the original.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

List previous **addresses and names** (*maiden and/or aliases*) used during the **past 7 years**:

<u>Name (if applicable)</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>County</u>

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This policy was updated August 2014.