

# **SAFE CHURCH POLICY**

## **Guidelines for the Care of Children, Youth, and Adults**

Suttons Bay Congregational Church

Our goal is to support safe and caring relationships among those in our church. This policy defines the practices and guidelines in place at SBCC to minimize the risk of neglect, abuse or errors which might endanger the vulnerable members of our church community, including children and youth, those who are homebound and those with mental or physical disabilities.

- A comprehensive background check will be obtained for all volunteers and staff members whose role puts them in regular service to vulnerable persons. The background check shall be obtained through the NACCC. A completed NACCC Release Form releasing the background check results to SBCC's pastor must be submitted by the volunteer or staff person. Results will be kept in strict confidence and securely filed by the pastor. Acts of violence, abuse and other activities may disqualify a candidate for the role being sought.
- Congregation members who witness or suspect acts of neglect or abuse of vulnerable persons must report their concerns to the Leelanau County Sheriff's Department and inform the moderator and/or pastor.
- Staff or volunteers who need to counsel youth on a one-on-one basis must first receive permission from the child's parent or guardian.
- Children and youth who regularly participate in the youth programs of the church must register for those programs by completing a SBCC Youth Program Registration Form signed by the child's parent or guardian.
- Before scheduling or conducting an off-site church youth activity, written approval for the activity must be obtained from the pastor or his/her designee. A completed and approved Youth Activity/Event Request form authorizes the activity to proceed.
- Parental or guardian written permission is required for a child/youth to participate in a church sponsored off-site activity. Parents or guardians must complete an Activity Permission Form to allow their child to participate in an activity. The activity leader/sponsor is responsible for assuring that permission slips are obtained for each participant.
- Only adult (age 21 or over) licensed drivers may transport youth to or from an off-site church activity.
- At least two adults, male and female (age 21 or over), must be present for any overnight youth activity.
- Staff and volunteers working with vulnerable populations and youth will review this policy annually to maintain familiarity and compliance with these practices and guidelines. Signed copies will be retained for the church's records.

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Signed

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Date

# **SBCC Youth Program Registration Form**

**Child's Name:** \_\_\_\_\_

**School Grade:** \_\_\_\_\_

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

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

**Known Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Any Medical Conditions we need to know about:**

**Any other information you wish for us to know about this child:**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

# **SBCC Youth Activity/Event Request Form**

Event/Activity Description:

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Who's in Charge / Chaperones:

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Intended participants:

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Where:

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Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Sponsor \_\_\_\_\_

Approved \_\_\_\_\_

Pastor or Christian Education Committee Representative

# SBCC Activity Permission Form

**Activity:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_

**Youth's Name:** \_\_\_\_\_

**Emergency Contact number(s):** \_\_\_\_\_

\_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any other information (medications, physical limitations, etc.) you wish for us to know about this child:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Permission and Medical Release**

The above named youth has my permission to participate in this activity.

\_\_\_\_\_

Parent/Guardian

I understand that I will be notified if my child requires medical attention while participating in this activity. However, in the event that my child is injured or becomes ill and I cannot be reached, I authorize the adult chaperone(s) in charge of this activity to make emergency medical decisions on my behalf and to secure medical services or hospitalization if deemed necessary.

I understand that neither the adult chaperones nor Suttons Bay Congregational Church will be responsible for any medical expenses incurred.

\_\_\_\_\_

Parent/Guardian