



## IMMANUEL LUTHERAN CHURCH YOUTH PROGRAM'S ADULT LEADERSHIP POLICY

Immanuel Lutheran Church is a community of faith committed to using our resources to promote a safe environment for the physical, emotional, and spiritual growth of our children.

### **A. Purpose**

- a. The primary purpose of this policy is to maintain a safe environment for those youth participating in Immanuel Lutheran Church's youth programs. Compliance with this policy will also help protect our church and its members who lead our youth from unfounded charges and legal liability.

### **B. Open Program**

- a. All aspects of the Immanuel's youth programs are open to observations by parents and congregational leaders at any time.

### **C. Screening**

- a. Any staff or volunteer adult who regularly works with youth at Immanuel must be at least 21 years old. Every adult must submit a personal information and self-disclosure form and must authorize a background check (see Appendix A) before working with youth. This form and background check must be renewed by August 31<sup>st</sup> of every other year. All information obtained from this disclosure and background check will be treated as confidential. The senior pastor will be responsible for reviewing the information submitted and approve each staff or volunteer adult to work with youth, designating them as an "Adult Leader". No adult may regularly work with the youth at Immanuel without the prior approval of the senior pastor.

### **D. History of Sexual Misconduct**

- a. Any adult who has been convicted of sexual misconduct or abuse may not participate in any capacity in Immanuel's youth programs.

### **E. Two-deep Leadership**

- a. At least two Adult Leaders must be present at each youth program activity from its beginning until all participants have been released to a parent or another approved person. If a youth program is occurring simultaneously in separate areas, two Adult Leaders must be present in each area where youth are present. An adult who is at least 18 years old and who has not been screened may assist in an activity, if at least two Adult Leaders are also present.

### **F. One-on-One Interaction**

- a. When a planned one-on-one meeting between an Adult Leader and a youth takes place in the church building, the meeting must be in a room with an unobstructed



window or an open door. A second Adult Leader must be in the same area of the church, although not necessarily in the same room. Unplanned individual contact during program activities off church property must be done in view of a second Adult Leader. Planned individual contact off church property may only occur in public places with the prior consent of the minor and parent or guardian. An Adult Leader should not meet alone with a youth in a private place for any reason.

**G. Respect of Privacy**

- a. Adult Leaders need to respect the privacy of youth in situations such as use of restrooms, changing into swimming suits, or taking showers on overnight outings, and intrude only insofar as health and safety require. Adult Leaders also need to protect their own privacy in similar situations.

**H. Separate Accommodations**

- a. A minimum of two Adult Leaders must be present on an overnight youth activity. If youth participants are both male and female, the Adult Leaders must be male and female. Males and Females will sleep in separate areas. Adult Leaders will not occupy the same bed as a youth, unless they are the youth's parent or guardian.

**I. Transportation**

- a. When the church provides transportation to a youth program activity, the following requirements apply:
  1. The driver must be an Adult Leader at least 25 years of age.
  2. The driver must have a valid Texas driver's license.
  3. The driver must have proof of insurance that meets the State of Texas requirements.
  4. The driver must have not had a driver's license revoked or suspended within the last five years for any reason.
  5. The number of passengers in a vehicle may not exceed the number of working passenger seat restraints.
  6. The driver and all passengers must wear seat restraints at all times.
  7. The driver must have a copy of and follow the Transportation Safety Guidelines (see Appendix B).
  8. A parent or guardian must sign a consent form (see Appendix C).
  9. An Adult Leader should avoid being alone in a car with a minor.

**J. Constructive Discipline**

- a. Discipline used in church activities should be constructive and should reflect the accepting and loving environment that Christ intended for us to have with each other. Corporal punishment is never permitted.

**K. No Hazing or Disrespectful Behavior**

- a. Hazing and initiations are prohibited and may not be included as part of any Immanuel youth program activity. Bullying, discriminatory jokes or comments, and other behavior that is disrespectful of others is not allowed.





**L. No Sexual Behavior**

- a. No sexual contact is permitted at youth program activities. Other behavior that does not involve physical contact, such as suggestive or sexual comments, displaying sexual materials, or exposing sexual body parts, is also prohibited.

**M. Gifts**

- a. Adult Leaders shall not give personal gifts or money to an individual youth without first notifying parents or another Adult Leader. Gifts to entire classes or groups are acceptable.

**N. Reporting of Violations of These Rules**

- a. Any suspected violations of this policy should be reported to the youth program staff or pastoral staff immediately. Suspected child abuse or neglect shall be reported in accordance with Chapter 261 of the Texas Family Code.

**O. Training**

- a. Training shall be required of all Adult Leaders once a year. A copy of this policy shall be provided annually to every Adult Leader. This training will be designated and provided by Immanuel Lutheran Church's youth program staff and pastoral staff.

**P. Congregational Awareness and Review**

- a. A copy of this policy will be available on the Immanuel Lutheran Church website and/or in the church office at all times.

**Q. Effective Date**

- a. This policy shall become effective on (date).

PASSED AND APPROVED by the Council of Immanuel Lutheran Church on this \_\_\_\_\_ day of \_\_\_\_\_ 2007.



APPENDIX A  
IMMANUEL LUTHERAN CHURCH  
YOUTH PROGRAM ADULT LEADER APPLICATION

Thank you for your interest in working with the youth of Immanuel. Your involvement is vital to a successful youth ministry. This form will help us to get to know you better so that we can give our youth the best possible experience in their faith journey. We hope and pray that God will lead and guide us in our ministry together.

**Personal Information**

Name:
Address:
Cell Phone:
Work Phone:
E-mail:
Occupation:
Employer:
Hobbies/Interests:
Birth Date:

How long have you been an active member of Immanuel?

\_\_\_\_\_

Please list the States that you have lived in since you were 18 years old.

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



Do you have any training that would assist you in your ministry with our youth?

- CPR training
- First Aid training
- Other \_\_\_\_\_

When could you be available to help with the program?

- Wednesday nights
- Sunday mornings
- Sunday afternoons or evenings
- Overnight trips
- Other: \_\_\_\_\_

### Volunteer Experience

Please describe any previous volunteer experience.

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### Criminal Charges/Convictions

Have you ever been charged with, or convicted of child abuse, neglect, or a crime involving actual or attempted molestation of a minor?

- Yes
- No

Have you ever been charged with or convicted of any other crime?

- Yes
- No

If you answer yes to either question, you will need to provide complete a form describing those convictions of charges (attached as Appendix D).

### Transportation Information

Do you have a vehicle you would be willing to use to transport youth to a program activity?

- Yes
- No

If yes, how many seats with passenger restraints does this vehicle have? \_\_\_\_\_



Do you have a valid Texas drivers' license?

- Yes  
 No

Has your drivers' license been revoked or suspended within the last 5 years for any reason?

- Yes  
 No

Do you have proof of insurance that meets the State of Texas requirements?

- Yes  
 No

If you answered yes to this question, please attach a copy.

### Applicant's Statement

I hereby acknowledge that the information provided by me on this Youth Program Adult Leader Application is true and correct to the best of my knowledge, and I further agree to authorize a personal background check. I have been provided with a copy of the Immanuel Lutheran Church's Youth Program's Adult Leadership Policy, and I agree to abide by that Policy.

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

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

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

Please attach a copy of your driver's license and social security card to this application.





## APPENDIX B TRANSPORTATION SAFETY GUIDELINES

### A) Requirements for Drivers

- a) Each driver must be an approved Adult Leader and at least 25 years old.
- b) Each driver must have a valid Texas driver's license
- c) Each driver must have proof of insurance that meets the State of Texas requirements.
- d) The driver must not have had a driver's license revoked or suspended within the last five years for any reason.

### B) Seat Restraints

- a) The number of passengers in a vehicle may not exceed the number of working passenger seat restraints.
- b) The driver and all passengers must wear seat restraints at all times.

### C) Emergency Preparedness

Each vehicle shall have a copy of these Travel Safety Guidelines, an emergency medical kit, a cell phone, and a consent form for each youth passenger.

### D) Traveling in Groups

If more than one vehicle is involved in providing transportation to the activity:

- a) Don't leave until every driver has: directions; a map; a phone number at the destination; the cell phone numbers of other drivers; and the license plate numbers of the other drivers.
- b) Drive with headlights on at all times.
- c) Do not put passengers at risk in order to drive in a group.

### E) In Case of an Accident

- a) Check for any injured persons.
- b) If anyone is injured, make them as comfortable as possible. **DO NOT ATTEMPT TO MOVE THE INJURED PERSON.** Keep him or her warm. Administer first aid only if you have the proper training.
- c) Do not leave the injured person unattended!
- d) Call 911 for an ambulance. Don't forget to give the location clearly and distinctly. Do not hang up until they tell you to.
- e) Call police or fire departments as necessary.
- f) Get the name, phone number, drivers' license number, license plant number, VIN number and insurance information for other parties involved with the accident.
- g) Get the names and telephone numbers of any witnesses.
- h) Call a pastor or an Immanuel staff member and inform them of the accident and the wellbeing of all persons involved. Since you may be understandably upset, let the pastor or an Immanuel staff member explain the status of the situation to any injured person's family.
- i) Cooperate with police and fire department investigators.
- j) Inform your insurance agent of the accident and provide him or her with the information you have gathered.



## APPENDIX C YOUTH PROGRAM CONSENT FORM

### Student General Information

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

Nickname: \_\_\_\_\_

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

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

Youth Cell Phone: \_\_\_\_\_

Texts: Yes or No

Youth Email: \_\_\_\_\_

Family Email: \_\_\_\_\_

Youth Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male       Female

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

Church membership at \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Parent/Guardian 1

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Relation: \_\_\_\_\_

If address different that child, please complete  
the following:

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

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

### Parent/Guardian 2

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Relation: \_\_\_\_\_

If address different that child, please complete  
the following:

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

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

### Emergency Contact (other than parent)

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

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Relation: \_\_\_\_\_

\*Thank you for your support of Immanuel  
Children & Youth Ministry!





I represent to Immanuel Lutheran church, its employees and volunteer workers (collectively "ILC") that I have the legal authority to make decisions regarding the welfare, safety and legal rights of \_\_\_\_\_ ("youth"). I understand that this document waives certain legal rights that my youth and I might have, and limits the liability of ILC, in the event of an accident or injury occurring during an ILC event. It is my intention to grant permission for my youth to participate in all ILC events occurring between August \_\_\_\_ and August \_\_\_\_\_. I and the above named youth understand that every ILC event parents a risk of injury, serious injury, or even death to the above-named youth.

I understand and agree that it is my parental duty to request information about each event from ILC, to assess the risk of each individual event, to discuss those risk with my youth, and to prevent my youth from participating if I deem the event too risky. I further understand and agree that ILC is not responsible for determining whether or not I have given my permission for my youth to participate in any given event. ILC may rely on this signed document, coupled with my youth's actual participation, as an expression of my permission for the above named youth to participate in any event.

I understand that parent and youth assume the risk of any injury or death that may result from participation in ILC events. As parent and youth, we waive any right to sue ILC for any injury or death to the above-named youth while engaged in any ILC youth event, and we agree to indemnify and to defend ILC against any claim or liability asserted against ILC for any such injury or death to youth. We also hold ILC harmless from all liability to any other person or entity arising as a result of the conduct of the above named youth during any ILC event, and we agree to defend and indemnify ILC against any claim or liability arising as a result of such conduct.

If I, as parent, cannot be contacted in the case of an emergency or other medical necessity, ILC is authorized on my behalf and on behalf of the above named youth, to arrange for such medical and hospital treatment as ILC deems advisable for the health and well-being of the above named youth.

I authorize ILC to transport the above named youth to, from, and during any ILC event. I also understand that, from time to time, other youths may drive their own vehicles to, from and during use events. I understand that it is ILC Youth Ministry policy to disallow youths from riding in vehicles driven by others youths without parent consent. However, I agree that ILC is not responsible for determining whether I have given permission for my youth to ride in vehicles driven by other youths, and I acknowledge that it is my parental duty to prevent my youth from riding in vehicles by other youths.

As parent and youth, we agree that this document, and the waiver of rights and limitations of ILC's liability, continue in full force and effect should youth attain the age of majority or otherwise become emancipated during the effective dates listed above.

Parent/Guardian(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

Insurance company name: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician Name and Phone #: \_\_\_\_\_

Medications or Current Medical Conditions/Problems: \_\_\_\_\_

\_\_\_\_\_

Allergies (food and medical): \_\_\_\_\_

Other important information: \_\_\_\_\_



## APPENDIX D CRIMINAL HISTORY QUESTIONNAIRE

If you have been convicted of or charged with a criminal offense, the senior pastor of Immanuel must review your criminal history to determine if you should be an approved Adult Leader at Immanuel. If you have been convicted of a felony or misdemeanor, other than a minor traffic violation, or pleaded guilty or no contest (nolo contendere) to any such offense, please complete this section. If you have more than one conviction, please provide the requested information as to each conviction. Attach additional pages if necessary.

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

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

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

County where convicted: \_\_\_\_\_

Court where convicted: \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Exact crime of which you were convicted: \_\_\_\_\_  
\_\_\_\_\_

Sentence imposed by court, or other action taken by court: \_\_\_\_\_  
\_\_\_\_\_

Specific actions or events leading to conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation or parole?  Yes  No

If so, what are the terms and conditions of your probation or parole?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that the information provided in this Criminal History Questionnaire is true and correct to the best of my knowledge.

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