

## ZUMC Covenant of Conduct for Youth

As representatives of Christ and his church, we, the participants in this event \_\_\_\_\_, take seriously our responsibility to care for one another. This covenant represents our affirmation of concern for the well-being of the total community. We covenant with each other to insure the safety of all to, make our time together more meaningful, and to care for the facility which we use.

In addition to our general concern for our community, we agree specifically to:

- Leave vehicles parked and unoccupied.
- Remain on the site unless having been given permission to leave.
- Attend all activities including meals.
- Observe scheduled curfew by being in rooms, being quiet, and not disturbing others.
- Never enter the room of someone of the other gender.
- Not use tobacco products.
- Not bring animals, weapons, illegal substances, explosives, fireworks, alcohol, or dangerous materials. This should be remembered when considering practical jokes, water fights, use of shaving cream, and so forth. Do no harm to others.

This covenant is made between each person and the whole group. In the case of a broken covenant, I understand that if the brokenness cannot be reconciled, that I may be sent home at my expense.

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Signature of Participant

Date

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Print Full Name

**ZUMC Event Participation/Field Trip Permission Form**

Child/Youth's Name \_\_\_\_\_

Purpose/Nature of field trip \_\_\_\_\_  
\_\_\_\_\_

Place of the field trip \_\_\_\_\_

Address of the field trip \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Method of transportation (if by car, include name of driver or drivers) \_\_\_\_\_  
\_\_\_\_\_

Cost if any(should be turned in with permission form) \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Parent's/Guardian Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Emergency Contact Name/Phone # \_\_\_\_\_  
(Someone other than a parent or guardian who can call in an emergency.)

I agree that pictures or videos of my child/youth may be taken and used during any church program.  
No Yes

Custody type: (circle one) 1=Both Parents 2=Mother Only 3=Father Only 4=Other \_\_\_\_\_

My child may be picked up by: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

## ZUMC Health History Form

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

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Telephone# \_\_\_\_\_

Name of Child/Youth's Physician \_\_\_\_\_ Telephone# \_\_\_\_\_

Family Medical/Hospital Insurance Carrier \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_

List any allergies \_\_\_\_\_

List any other health conditions \_\_\_\_\_

\_\_\_\_\_  
Authorization for Treatment: I hereby give permission to the medical personnel selected by the adult in charge to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child/youth. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult in charge to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for use off-site.

\_\_\_\_\_  
\*Signature of parent/guardian of minor

\_\_\_\_\_  
Date

**Important-This box must be completed for participation.**

**This health history is correct so far as I know, and the person herein described has my permission to engage in all program activities. \*Initials \_\_\_\_\_ Date \_\_\_\_\_**

## ZUMC Medications Form

**Written parental consent is required before a minor (under 18) may be given any medication or treatment of any kind.** During trips or at events, children and youth may need medication for ailments such as headaches, stomachaches, diarrhea, or a low-grade fever. They might need insect repellent, chapstick or sunscreen. You **must** send any over-the-counter medication your child may need in the original bottle/package (including aspirin, ibuprofen, etc.). Prescription drugs must be in the original bottle/package with the physician's instructions for administering them. Put all drugs in their original bottle/package in a Ziploc bag and label it with your child's name. Medication will be available from the adult in charge of first aid and can be given as specified by instructions on the label for prescription drugs or by written instructions from parents/guardians for over-the-counter drugs. Complete the middle part of this form with instructions.

Children may keep asthma sprays, epi-pens, insect repellent, sunscreen, or chapstick with them if they know how to use them with prior permission from the adult in charge of first aid. All other medication must be turned in to the adult in charge of the first aid, unless we have a note signed by a physician stating that a child must keep a certain medication with them.

**It is the responsibility of the child/parent to make sure all medication is picked up at the end of the trip/event/camp.**

List all over-the-counter and/or prescription medication that your child will have at this trip/event/camp. **Give exact instructions for administering over-the-counter medications. We cannot administer over-the-counter medication without written instructions.**

Medication	Instructions	Initial/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medication/chemical treatments recommended by the American Red Cross:**

The following items are recommended by the American Red Cross as the appropriate treatment for these conditions. Initial each treatment you want your child to receive if needed. These medications should be available in trip/event/camp first aid kits. No other medication is available unless sent with your child.

- |                                       |   |
|---------------------------------------|---|
| _____ Poisoning                       | Syrup of Ipecac, Activated Charcoal – administered as directed by the Carolina Poison Control Center, 1-800-848-6946. |
| _____ Small wounds, cuts,             | Antibiotic ointment   |
| _____ Animal or tick bite, minor burn |   |
| _____ Poison Ivy                      | Topical antihistamine such as Caladryl or Benadryl  |
| _____ Marine life stings              | Baking soda and salt water  |
| _____ Sunburn                         | Aloe gel  |
| _____ Insect bites                    | Topical antihistamine such as Benadryl  |

I give my permission for my child, \_\_\_\_\_, to take medications listed above and, if needed, to have any of the treatments I have initialed.

*Signature of Parent or Legal Guardian* \_\_\_\_\_

## **Adult Worker/Volunteer Checklist**

- ZUMC Participation Covenant for All Workers/Volunteers Working/Volunteering with Children and Youth
- ZUMC Authorization and Request for Criminal Records Check & Other Confidential Questions
- ZUMC Volunteer Application
- Basic Safe Sanctuary Training

## ZUMC Participation Covenant for All Workers/Volunteers Working/Volunteering with Children and Youth

The congregation of Zebulon United Methodist Church is committed to providing a safe and secure environment for all children, youth and worker/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. Volunteer/Adult Participants from outside the congregation must complete the following forms: Participant Covenant, Criminal Records Check and Volunteer Application. Some accommodations to the "Participant Covenant" items may be made on a case by case basis for those from outside the congregation.

- 1) No adult who has been convicted of child abuse (either sexual, physical, or emotional) should volunteer to work with children or youth in any church-sponsored activity.
- 2) All adult worker/volunteers involved with the children and youth of our church must have been involved in the congregation for at least six months before beginning a volunteer assignment.
- 3) Adult worker/volunteers with children and youth shall observe the two-adult rule at all times so that no children or youth are left alone with one adult.
- 4) Adult worker/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 worker/volunteers shall immediately report to the Pastor and Staff Parish Chair any behavior that seems abusive or inappropriate.
- 6) Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to work or volunteer in some capacity with children and youth is encouraged to discuss his/her willingness with the Pastor before accepting an assignment.

**Please answer each of the following questions:**

- 1) As a worker/volunteer in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with children or youth?  Yes  No
- 2) As a worker/volunteer in this congregation, do you agree to inform the Pastor of this congregation if you have ever been convicted of child abuse?  Yes  No
- 3) As a worker/volunteer in this congregation, will you meet the six-month rule before beginning a planned volunteer assignment?  Yes  No
- 4) As a worker/volunteer in this congregation, do you agree to observe the two-adult rule at all times?  Yes  No
- 5) As a worker/volunteer in this congregation, have you had Safe Sanctuary training?  Yes  No
- 6) As a worker/volunteer in this congregation, do you agree to participate in on-going training and education events provided by the church related to your volunteer assignment?  Yes  No
- 7)  Yes  No
- 8) As a worker/volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to the Pastor or Staff Parish Chair?  Yes  No
- 9) As a worker/volunteer in this congregation, do you agree to have a background check?  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



## Other Confidential Questions

Have you ever been charged with, convicted of, or pled guilty to any motor vehicle violations)?

No                       Yes

Have you ever been charged with, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, or theft)?

No                       Yes

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

\_\_\_\_\_

\_\_\_\_\_

**When abuse (past or present) occurs, there are many victims in addition to the one who has been harmed; and all are in need of comfort and healing through ministry.**

**We encourage you to answer the questions below as a step toward healing.**

Have you ever been exposed to an incident of abuse or neglect (as a victim, observer, family member, friend, etc.)?

No                       Yes

If yes, what emotions do you experience today when you think about that abuse? \_\_\_\_\_

\_\_\_\_\_

Would you like somebody to contact you to talk about your experience?

- No
- Pastor
- Sensitive Lay Person

**This side of the form will be viewed by the Pastor, Secretary, Staff Parish Chair or Preschool Director (preschool involvement only) unless it is handed directly to the pastor with a request for extra confidentiality. When extra confidentiality has been requested this side of the form will not be viewed by the secretary.**

## ZUMC Volunteer Application

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

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

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Current job responsibilities and schedule: \_\_\_\_\_

\_\_\_\_\_

Previous work experience: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Special interests, hobbies, and skills: \_\_\_\_\_

How many hours per week are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends

Can you make a one-year commitment to this volunteer role? \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have liability insurance? (List policy limits and name of carrier) \_\_\_\_\_

\_\_\_\_\_

Why would you like to volunteer as a worker with youth? \_\_\_\_\_

\_\_\_\_\_

How were you parented as a child? \_\_\_\_\_

\_\_\_\_\_

If you are the parent of teenagers, how do you discipline them? \_\_\_\_\_

\_\_\_\_\_

**References:** Please list three personal references (people who are not related to you by blood or marriage – they may be friends from the church) and provide complete address and phone information for each. References are confidential.

1. Name: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

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Signature of Applicant

Date

## ZUMC Reference Check

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

Reference name: \_\_\_\_\_

Reference address: \_\_\_\_\_

Reference phone: \_\_\_\_\_

1. What is your relationship to the applicant? \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. How well do you know the applicant?
  
4. How would you describe the applicant?
  
5. How would you describe the applicant's ability to relate to youth?
  
6. How would you describe the applicant's ability to relate to adults?
  
7. How would you describe the applicant's leadership abilities?
  
8. Would you describe the applicant as someone who prefers team sports or individual competitions?
  
9. How would you feel about having the applicant as a volunteer worker with your youth?
  
10. Do you know of any characteristics that would negatively affect the applicant's ability to work with youth? If so, please describe them.
  
11. Please list any other comments you would like to make:

Reference inquiry completed by: \_\_\_\_\_  
Signature Date

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## ZUMC Report of Suspected Incident of Abuse

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

\_\_\_\_\_

2. Victim's name: \_\_\_\_\_

Victim's age/date of birth: \_\_\_\_\_

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

\_\_\_\_\_

4. Victim's statement (give a detailed summary here): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Name of person accused of abuse: \_\_\_\_\_

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

\_\_\_\_\_

6. Reported to Pastor:

Date/time: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Call to victim's parent/guardian: (if they are the accused do not do this one)

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Call to local children and family service agency:

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Call to local law enforcement agency:

Date/time: \_\_\_\_\_

Spoke with: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Other contacts: \_\_\_\_\_

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

Date/time: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Signature of Person Making the Report

Date

