

NEW HAMPSHIRE / VERMONT DISTRICT, U. U. A. SAFETY GUIDELINES FORMS

Code of Conduct for Adults Working with Children and Youth

Adults working with children and youth in programs sponsored by the New Hampshire/ Vermont District and its affiliated groups, are in a position of stewardship and play a key role in fostering spiritual development of both individual participants and the program community. Adults are expected to nurture the physical, emotional, and spiritual growth of children and youth by fostering an environment of kindness, trust, respectfulness, and fun. No one's enjoyment should ever be at the expense of another person's health, wellbeing, or self-esteem. While onsite at NH/VT District youth conferences, adult advisors are expected to abide by the conference or event rules and behavior guidelines. For example, the "Big Four" guidelines of 1) No illegal drugs or alcohol, 2) No sex, 3) No smoking, and 4) No violence or weapons.

The following are specific expectations set forth for all adults working with children and youth at NH/VT District sponsored events:

- **Sleep**—Workers at District events are expected to get adequate sleep during District events, so that they may be alert and clear thinking, and able to maintain good judgment and perform their expected duties in a competent and professional manner.
- **"Friendship" with Youth**—It is natural for youth and adults to develop a genuine fondness for one another, but it is not appropriate for adults to look to youth for "friendship." Adult workers must be mature enough to assume responsibility for the youth during District events. The adults must understand the power differentials in their relationships with youth and must be able to maintain healthy and appropriate boundaries with youth and other adults.
- **Unofficial Contact with Youth**—Sometimes a genuine mentoring relationship will develop between a youth and an adult. Such relationships can be not only healthy, but transformative for both. In some cases, however, if adults do not have the best interest and well being of the youth at heart, the relationship could become exploitative. Any relationship developed with a youth outside of NH/VT District sponsored events must be with the full knowledge and consent of the parents. It is in the best interest of both the adult and the youth that the parents as well as District or congregation leader be aware of these outside activities.
- **Sexualized Behavior**— Engaging in any manner of sexual behavior with a child or youth is never appropriate. This refers not only to explicitly sexual behavior, but also to sexually provocative behavior or language. Physical expressions of affection, such as hugs, are best initiated by the youth and kept from being prolonged by the adult.

Confidentiality— Adults working with children and youth under the aegis of the District are responsible not only to the children and youth, but to the District as well. In the event that a child or youth participant discloses information that s/he is experiencing physical or substance abuse, or is a danger to self or others, the adult worker must not keep the information a secret. Adults may be bound by certain state reporting laws (see insert A for reporting statues). If such a disclosure is made, encourage the child or youth to seek help from a parent or other authority figure. In addition, the adult worker must inform the NH/VT District staff about the situation, so that an appropriate course of action can be determined.

Accordance with this Code of Conduct

By signing below, the signer indicates s/he has been informed of this code and agrees to abide by it before assuming their work with children and/or youth involved in District activities. In cases of violation of this code, appropriate action will be taken.

Signed _____ Print Name _____

Role/Title _____ Congregation _____

Date Signed _____ Event/Location/Date(s) _____

REFERENCE AND BACKGROUND CHECK AUTHORIZATION FORM

The names and contact information for three references (including at least one congregational leader or professional staff person) who have known you for at least three years and can recommend you as appropriate for a leadership role in programs for children and youth:

1) Name _____ Role _____

Phone # _____ Email Address _____

2) Name _____ Role _____

Phone # _____ Email Address _____

3) Name _____ Role _____

Phone # _____ Email Address _____

I give my authorization for NH/VT District leaders to check my references and to conduct a criminal background check prior to any work I perform with children and youth at the NH/VT District sponsored event. Should my application be accepted, I agree to be bound by the protection requirements and policies set forth by the NH/VT District regarding child care and youth workers.

Name (printed) _____ Signature _____

Social Security # _____ Photo ID # _____ State _____

Address _____

Date of birth _____

REV 24 May2007

Do not write below this line; for office use only

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Reviewed & Signed Reference Checked Background Check Copy on File Rejected

**NEW HAMPSHIRE/ VERMONT District, U. U. A.
PARTICIPATION RELEASE AND AUTHORIZATION
FOR EMERGENCY MEDICAL TREATMENT OF MINORS**

I, _____, the undersigned represent that I am the Parent/Guardian of _____, my son/daughter. I grant permission for my child to participate in the following adult supervised activity: _____ . The activity will take place at the following location(s): _____ from (date & time) _____ to (date & time) _____, and I grant permission for my son/daughter to be transported to and from the location by reasonable and safe means.

I agree and hereby do release and hold harmless the New Hampshire/ Vermont District, the hosting member congregation and/or any and all adult supervisors for the activity, from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which my son/daughter may sustain while engaged in the activity conducted, including, but not limited to, any damages, loss or injuries that may be sustained through transportation to and from the activity.

Should any injury occur, I grant permission for my son/daughter to receive emergency treatment from an appropriate health care provider to be selected by the adult supervisor of the activity, when, in such supervisor's opinion, the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. I also agree to pay and be responsible for all medical, hospital or other expenses which the New Hampshire/ Vermont District and/or any and all adult supervisors may incur as a result of securing such treatment.

I further agree to assume responsibility for any liability which may arise for damages, loss or injuries, as described herein which may be caused or contributed to by my son/daughter to the person or property of others.

Name (printed) _____ Signature: _____
Relationship to Participant: _____ Date: _____
Home address: _____ Email _____
Home phone number: _____ Emergency phone number: _____
Family Physician/Practice: _____ Physician's phone number: _____
Parent or Guardian's Employer: _____
Health Insurance provider: _____ Policy/Group#: _____
Child's Allergies: _____ Physical limitations: _____
Medicine Child is currently taking: _____ Other needs _____

**NH/VT DISTRICT, UUA
CHILD CARE AND YOUTH WORKER APPLICATION FORM, Part I**

Your Name _____ Date _____

The Role or Position you are applying for _____

CONGREGATION HISTORY AND PRIOR WORK WITH CHILDREN AND/OR YOUTH

List the congregations you have attended regularly during the past five years:

<u>Name of Congregation</u>	<u>City/State</u>	<u>Dates</u>
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List all previous congregational work involving children and/or youth (for example: the name of congregation, names of advisors/religious educators, your role, and responsibilities performed during your service.)

List all previous community (non-church) work involving children and/or youth (for example: name of organizations, addresses, supervisors' names, your role, and responsibilities performed during your service.)

List any gifts, callings, training, education or other factors that have prepared you for work with children and/or youth:

**NH/VT DISTRICT, UUA
CHILD CARE AND YOUTH WORKER APPLICATION FORM, Part 2**

This application is to be completed by all applicants for any compensated position involving the supervision of minors. The purpose of this form is to help the NH/VT District show its intent to provide a safe and secure environment for those children and youth who participate in district-sponsored programs. **NOTE:** We recommend personal injury liability insurance of \$100,000 minimum.

PERSONAL DATA

Full Name:

First	Middle	Last
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Driver's License # _____ State _____ Social Security # _____

Automobile Insurance Co. _____ Policy # _____

Home Street Address _____

Email Address _____

Daytime Phone _____ Evening Phone _____

Employer _____ Office Phone _____

Have you ever been convicted of or pleaded guilty to a criminal offense related to sexual misconduct or child abuse? (circle one) YES NO

Has any civil judgment ever been made against you for reasons related to sexual misconduct or child abuse? (circle one) YES NO

Have you ever resigned from employment or been disciplined or terminated by an employer for reasons related to sexual misconduct or child abuse? (circle one) YES NO

Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children or youth? (circle one) YES NO

If you will be driving children and/or youth, please answer the following: Have you ever been convicted of Driving-Under-the –Influence or Reckless Driving? (circle one) YES NO

Do you currently have any traffic points on your driver's license? (circle one) YES NO

If you answered YES to any of the above, please explain (attach a separate sheet).

**NH/VT DISTRICT, UUA
INCIDENT REPORT FORM**

DATE OF INCIDENT _____ TIME OF INCIDENT _____

PLACE(S) WHERE THE INCIDENT OCCURRED _____

NAMES OF PERSON(S) INVOLVED _____

BRIEF DESCRIPTION OF THE INCIDENT

(Use the back of this form as needed, or attach any supporting materials when completing.)

DID YOU OBSERVE THE DESCRIBED INCIDENT DIRECTLY? Yes No

IF NOT, WHO OR WHAT WAS YOUR SOURCE OF THIS INFORMATION?

SIGNED _____ DATE _____

(Return this completed form with any supporting material to NH/VT District Office for handling and filing.)