

# PENNSYLVANIA RESIDENT TEMPORARY VOLUNTEER FORM

(for service of 30 days or less in a calendar year)

**Willow Street Mennonite Church**

*Please complete this entire form.*

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

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

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

Volunteer Assignment at Willow Street Mennonite Church: \_\_\_\_\_

Expected Dates of Service: \_\_\_\_\_

Home Church Name, Address, Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

As a temporary volunteer working with children, I covenant as follows:

- I have never been charged with or convicted of child abuse or any criminal conduct relating to children, nor have I ever been listed as the perpetrator of an indicated or founded report of child abuse on Pennsylvania's or any other state's child abuse registry
- I have never been convicted of any of the legally disqualifying offenses listed in Pennsylvania's Child Protective Services Law, 23 Pa. C.S. § 6344 (C) [see list on back]
- I have undergone the following three background checks: 1) the Pennsylvania Child Abuse History Clearance; 2) the Pennsylvania State Police Request for Criminal Record Check; and 3) the FBI Fingerprint Check (unless I am an unpaid volunteer who meets the requirements for a waiver of the FBI Fingerprint Check because I have lived in Pennsylvania for the entirety of the past ten years, and my church or another organization for which I volunteer has on file a writing in which I affirm I meet the PA residency requirement and that I have not been convicted of any crime, in another state, similar to the convictions disqualifying a person in Pennsylvania).
- My background check results are on file with \_\_\_\_\_ [name of my church or other volunteer organization with whom I serve], and my results are valid at least for the duration of the Willow Street Mennonite Church event for which I am volunteering.
- I understand what constitutes "child abuse" under Pennsylvania's Child Protective Services Law.
- I will engage in no inappropriate or abusive conduct with children while attending this event.
- I understand and will comply with my duties as a mandated reporter of suspected child abuse under Pennsylvania's Child Protective Services Law.

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

Name/phone # of my leader where background checks are on file: \_\_\_\_\_

Signature of my leader (above): \_\_\_\_\_

Signature of WSMC event leader: \_\_\_\_\_

8-2016 Form #11

*(More information on other side)*

**THE FOLLOWING WILL PERMANENTLY DISQUALIFY AN APPLICANT FROM SERVING AS A VOLUNTEER  
OR PAID STAFF MEMBER WORKING WITH CHILDREN OR YOUTH:**

**TITLE 23**

**§ 6344**

**(c) Grounds for denying employment or participation in program, activity or service.--**

(1) In no case shall an administrator hire or approve an applicant where the department has verified that the applicant is named in the Statewide database as the perpetrator of a founded report committed within the five-year period immediately preceding verification pursuant to this section.

(2) In no case shall an administrator hire an applicant if the applicant's criminal history record information indicates the applicant has been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:

Chapter 25 (relating to criminal homicide).

Section 2702 (relating to aggravated assault).

Section 2709.1 (relating to stalking).

Section 2901 (relating to kidnapping).

Section 2902 (relating to unlawful restraint).

Section 3121 (relating to rape).

Section 3122.1 (relating to statutory sexual assault).

Section 3123 (relating to involuntary deviate sexual intercourse).

Section 3124.1 (relating to sexual assault).

Section 3125 (relating to aggravated indecent assault).

Section 3126 (relating to indecent assault).

Section 3127 (relating to indecent exposure).

Section 4302 (relating to incest).

Section 4303 (relating to concealing death of child).

Section 4304 (relating to endangering welfare of children).

Section 4305 (relating to dealing in infant children).

A felony offense under section 5902(b) (relating to prostitution and related offenses).

Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).

Section 6301 (relating to corruption of minors).

Section 6312 (relating to sexual abuse of children).

The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

(3) In no case shall an employer, administrator, supervisor or other person responsible for employment decisions hire or approve an applicant if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, committed within the five-year period immediately preceding verification under this section.

**(c.1) Dismissal.**--If the information obtained pursuant to subsection (b) reveals that the applicant is disqualified from employment or approval pursuant to subsection (c), the applicant shall be immediately dismissed from employment or approval.

**An organization is not prohibited from requiring additional screening measures, or from establishing additional criteria, including conviction of other crimes, in making decisions related to adults working with children. Some additional \*offenses the church may elect to treat as disqualifying for a period of years or permanently, although they are not required by law, include:**

\*Section 2910 (relating to luring a child into a motor vehicle or structure).

Section 3124.2 (relating to institutional sexual assault).

Section 3129 (relating to sexual intercourse with animal).

Section 6318 (relating to unlawful contact with minor).

Section 6319 (relating to solicitation of minors to traffic drugs).

Section 6320 (relating to sexual exploitation of children).

Conviction of an offense similar in nature to those crimes listed in paragraph (1) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Convicted of a misdemeanor of the first degree for a crime, other than those enumerated under subsection (a), where the victim is a child;  
or

Identified in the statewide database as a perpetrator of a founded report of child abuse.

Identified in the statewide database as a perpetrator of an indicated report of child abuse.

\*Temporary and permanent "bans" that may include these additional offenses (and others) are under study in PA with a Committee report due to PA General Assembly no later than 12/31/15.

*(More information on other side)*

# **NON-PENNSYLVANIA RESIDENT TEMPORARY VOLUNTEER FORM**

(for service of 30 days or less in a calendar year)

**Willow Street Mennonite Church**

*Please complete this entire form.*

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

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

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

Volunteer Assignment at Willow Street Mennonite Church: \_\_\_\_\_

Expected Dates of Service: \_\_\_\_\_

Home Church Name, Address, Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

PA law requires all adults volunteering to work with children to have Criminal Record and Child Abuse Clearances. Because you will be working with children here for less than 30 days, you are not required to get new clearances to serve here **if you meet the clearance requirements where you live.**

Currently I meet the clearance requirements and am approved for working with children at: \_\_\_\_\_

*I testify that I am not disqualified from service as a volunteer pursuant to §6344(C) [see list on back] or have not been convicted of an offense similar in nature to those crimes listed in §6344(C) under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.*

Temporary Volunteer Signature: \_\_\_\_\_

Name & phone # of my group leader: \_\_\_\_\_

Signature of my group leader: \_\_\_\_\_

Signature of WSMC event leader: \_\_\_\_\_

**THE FOLLOWING WILL PERMANENTLY DISQUALIFY AN APPLICANT FROM SERVING AS A VOLUNTEER  
OR PAID STAFF MEMBER WORKING WITH CHILDREN OR YOUTH:**

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- Section 2702 (relating to aggravated assault).
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- Section 2901 (relating to kidnapping).
- Section 2902 (relating to unlawful restraint).
- Section 3121 (relating to rape).
- Section 3122.1 (relating to statutory sexual assault).
- Section 3123 (relating to involuntary deviate sexual intercourse).
- Section 3124.1 (relating to sexual assault).
- Section 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).
- Section 3127 (relating to indecent exposure).
- Section 4302 (relating to incest).
- Section 4303 (relating to concealing death of child).
- Section 4304 (relating to endangering welfare of children).
- Section 4305 (relating to dealing in infant children).
- A felony offense under section 5902(b) (relating to prostitution and related offenses).
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- Section 6301 (relating to corruption of minors).
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The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

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Section 6319 (relating to solicitation of minors to traffic drugs).

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Convicted of a misdemeanor of the first degree for a crime, other than those enumerated under subsection (a), where the victim is a child; or

Identified in the statewide database as a perpetrator of a founded report of child abuse.

Identified in the statewide database as a perpetrator of an indicated report of child abuse.

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*(More information on other side)*



**Willow Street Mennonite Church – Children & Youth Ministries**  
**EMERGENCY MEDICAL AUTHORIZATION & ACTIVITY PERMISSION FORM**

For the School Year of September \_\_\_\_\_ through August \_\_\_\_\_

Student's Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_ School District \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_ Email \_\_\_\_\_

Name(s) of person with whom the student resides: \_\_\_\_\_

Permission to contact non-custodial parent? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

If yes, name and phone of that parent \_\_\_\_\_ Phone \_\_\_\_\_

Known allergies: \_\_\_\_\_ Health Concerns (asthma, diabetes, etc.) \_\_\_\_\_

Any known food allergies: \_\_\_\_\_ Current medications: \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

An authorization of the provision of emergency treatment for students who become ill or injured while involved in a Youth Ministry function. PLEASE LIST ONLY THE NAMES OF THOSE WHO HAVE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY SITUATION INVOLVING THIS STUDENT. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on availability (i.e. 1st, 2nd).

# \_\_\_\_ Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employment \_\_\_\_\_ Work # \_\_\_\_\_

# \_\_\_\_ Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employment \_\_\_\_\_ Work # \_\_\_\_\_

# \_\_\_\_ Other \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Work # \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of treatment deemed necessary by the preferred doctor indicated, or, in the event the designated, preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the student to any reasonable accessible hospital. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

**PART 1 OR PART 2 MUST BE COMPLETED**

**PART 1:** I hereby consent for the following medical care providers to be called:

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**PART 2:** I do NOT give my consent for emergency medical treatment of my child.

In the event of illness or injury I wish Willow Street Mennonite Church to take the following action:

Parent / Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

*Please Complete Information On Both Sides*

**PHOTO PERMISSION:**

I allow photos of my child to be used on the church website, bulletin boards, or similar displays. \_\_\_\_ Yes \_\_\_\_ No

**PERMISSION FOR DAY/EVENING ACTIVITIES:**

I hereby give my permission and consent for \_\_\_\_\_ (child's name) to accompany the Willow Street Mennonite Church youth/children on activities this year that take place locally but away from the church grounds. These events may include, but are not limited to: barn party, street ministry, bonfire nights, service projects, swimming parties, fishing, visitation of elderly, etc. At least two authorized/approved adults will supervise these activities.

As the parent or legal guardian, I understand that I remain responsible for any legal responsibility which may result from actions taken by my child.

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*Parent/Guardian Signature*

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*Print Parent/Guardian Name*

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*Date*

If for any reason you are hesitant to sign or have further questions about this, please contact the youth pastor, Eric Herr, at (717) 413-3718. A separate permission form will be given when overnight activities are planned.

**WILLOW STREET MENNONITE CHURCH**

**Parent/Guardian Permission Form**

**For Overnight Activities**

Name of Event:

Date of Event:

Designated Approved Adult Supervisors:

1. \_\_\_\_\_ cell # \_\_\_\_\_

2. \_\_\_\_\_ cell # \_\_\_\_\_

I hereby give my permission and consent for my child/children: (names)  
\_\_\_\_\_ to participate in the specified overnight activity.

I understand that my child/children will be under the supervision of at least two authorized/approved adults during this activity. As the parent or legal guardian, I understand that I remain responsible for any legal responsibility which may result from actions taken by the named child/children.

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

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

## **Mentoring Log**

Mentee: \_\_\_\_\_

Mentor: \_\_\_\_\_

Date	Times (ex. 4pm-7pm)	Place of Meeting (home, church, etc.)	Purpose of Meeting (bible study, prayer, activity, etc.)

Parent or legal guardian: \_\_\_\_\_ (please initial to approve at completion of 1 year)

## **Youth Mentoring Program**

### **Willow Street Mennonite Church**

1. Youth mentors must be same-gender, approved adults, chosen by the youth and approved by the youth pastor. Mentors are to help facilitate the spiritual growth and maturity of the mentee, complimenting the role of their parents.
2. The mentor and mentee will each keep a log of the times and places they meet. The child's parent or legal guardian will initial the log the child keeps. The logs will include designation of the date/times/place of each meeting. All logs are subject to review by the youth pastor.
3. All mentoring with children or youth should occur in a public place; never in a car or in a vacated building.
4. In the event of one-on-one meetings, be aware of time. This is to avoid any appearance of impropriety and to discourage mentor pairs from meeting late into the evening.
5. In the event that it becomes evident the child/youth is in need of formal or professional counseling (i.e. drug or alcohol addiction, sexual assault, sustained depression, eating disorders, suicidal tendencies, etc.), the youth pastor should be notified by the mentor.

Willow Street Mennonite Church  
Nursery Registration

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Names: \_\_\_\_\_

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

Contact phone # during service: \_\_\_\_\_

Alternate contact phone # \_\_\_\_\_

Allergies and any other medical information: \_\_\_\_\_

\_\_\_\_\_

Feeding information:(can your child have a snack, cheerios, bottle, etc.?) \_\_\_\_\_

List below any person(s) beside parent who is authorized to pick up child in the event a parent is not available: \_\_\_\_\_

\_\_\_\_\_

Other information about child: \_\_\_\_\_

\_\_\_\_\_

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

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

## Nursery Guidelines for Parents

The nursery of Willow Street Mennonite Church is designed to provide a place of safety and caring for our youngest church participants, while allowing their parents to participate in worship or activities. As such, the following policy is designed to protect the children, parents and volunteers who participate:

- Sign your child in for nursery care, using the sign in sheet provided.
- Complete a registration/emergency form if you haven't completed one before.
- Label all bottles, drinks, blankets, toys and other personal belongings
- Pacifiers should be attached to the child.
- Only dry food snacks are allowed in the nursery (snacks containing nuts are not allowed).
- If a child needs to use the bathroom, an approved adult volunteer will accompany him/her unless the parent indicates that they are to be contacted to handle this situation.
- If a child is repeatedly displaying inappropriate behavior and redirecting has not worked, parents/guardian will be asked to come to the nursery.
- At least one parent/guardian shall remain in the church while the child is in the nursery.
- Children must be picked up immediately following service or church activities and checked out in the log by a parent or a person designated on the registration/emergency contact form.
- Should an incident occur that results in physical injury, parent(s)/guardians will be notified immediately via the cell phone left on the sign in sheet.
- A complete version of the Nursery Protection Guidelines for Safe Church Policies and Procedures Manual is available on the bulletin board in the nursery.





# Children's Sunday School Information Sheet

In order to help our teachers better care for your children while they are in Sunday School class and to prepare for fall quarter placement, please fill out the following form *for children up through middle school*. Then return the form ASAP to my mailbox.

Thank you,  
Nicole Herr  
Children's SS Director

***Please use a pencil so information can be updated each year...***

Parent/Guardian name(s): \_\_\_\_\_  
Sunday School class you participate in (location/room #): \_\_\_\_\_  
Cell phone number (in case of emergency): \_\_\_\_\_  
E-mail address : \_\_\_\_\_

\*Children up through 2<sup>nd</sup> grade are to be picked up by parents/guardians. If that is not possible, the following people are permitted to pick up my children:

\*Grade 3 and up may leave to connect with parents/guardians at the close of Sunday School. If you would prefer to pick them up instead, please check this box: ☐

Name of child: _____
Age and Birthday: _____
Grade entering this fall (if applicable): _____
Allergies: _____
Anything special we need to know about your child (shy, sensitive, special need, etc.): _____
Name of child: _____
Age and Birthday: _____
Grade entering this fall (if applicable): _____
Allergies: _____
Anything special we need to know about your child (shy, sensitive, special need, etc.): _____
Name of child: _____
Age and Birthday: _____
Grade entering this fall (if applicable): _____
Allergies: _____
Anything special we need to know about your child (shy, sensitive, special need, etc.): _____

8-2016 Form #19


# SUSPECTED CHILD ABUSE INCIDENT REPORT

## For internal church use at Willow Street Mennonite Church

Date of Report to ChildLine: \_\_\_\_\_ ☐ Oral report or ☐ Electronic report

If electronic report was made, did the reporter receive confirmation of its receipt? ☐ Yes ☐ No

If oral report was made, date CY-47 was submitted: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Person Making Report: \_\_\_\_\_

Reporter is an ... ☐ Approved Adult ☐ Employee ☐ Other \_\_\_\_\_

Name of Alleged Child Victim: \_\_\_\_\_ Age: \_\_\_\_\_ Sex ☐ M ☐ F

Parent/Guardian of Child: \_\_\_\_\_

Address: \_\_\_\_\_ ☐ Address is Unknown

Describe the circumstances under which you became aware of possible abuse. State the names of any persons who witnessed, disclosed, or reported suspected abuse to you.

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Describe any injuries you observed: \_\_\_\_\_

Does child appear to need immediate medical attention? ☐ Yes ☐ No ☐ Unknown

Does child appear to be fearful, suicidal or withdrawn? ☐ Yes ☐ No ☐ Unknown

Approximate date of last known incident of abuse: \_\_\_\_\_ ☐ Unknown

Describe any physical, mental or behavioral factors that may place the child at risk:

---

Did the abuse take place at the church or during a church-related activity?

☐ Yes ☐ No ☐ Unknown If yes, indicate activity: \_\_\_\_\_

Name of Alleged Perpetrator: \_\_\_\_\_ ☐ Unknown

Relationship to Child: \_\_\_\_\_ ☐ Unknown

Address: \_\_\_\_\_ ☐ Unknown

Describe the extent of alleged perpetrator(s) access to child: \_\_\_\_\_

---

☐ Unknown

Does this person have a history of violence, mental illness, or substance abuse?

☐ Yes ☐ No ☐ Unknown If yes, please explain: \_\_\_\_\_

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Reported to Lead Pastor date/time: \_\_\_\_\_

Signature of person making this report: \_\_\_\_\_

***If you are a mandated reporter, and you suspect (or observe) that a child has been abused, you must report it immediately to ChildLine, and then notify the Lead Pastor. If a child is injured or in imminent danger, call 911.***

THIS SIDE TO BE FILLED OUT BY CHURCH STAFF

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Signature of person receiving this report: \_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOLLOW-UP

Document any action taken by church during course of Child Protective Services or Police investigation:

Results of Dept. of Human Services investigation provided on (date): \_\_\_\_\_

Signature of person receiving Dept. of Human Services investigation results from mandated reporter:

\_\_\_\_\_

Attach mandated reporter's information from Dept. of Human Services concerning the determination of whether the child abuse report was unfounded, indicated, or founded, and the services, if any, to be provided for the child.

# REPORT OF SUSPECTED CHILD ABUSE

## (CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

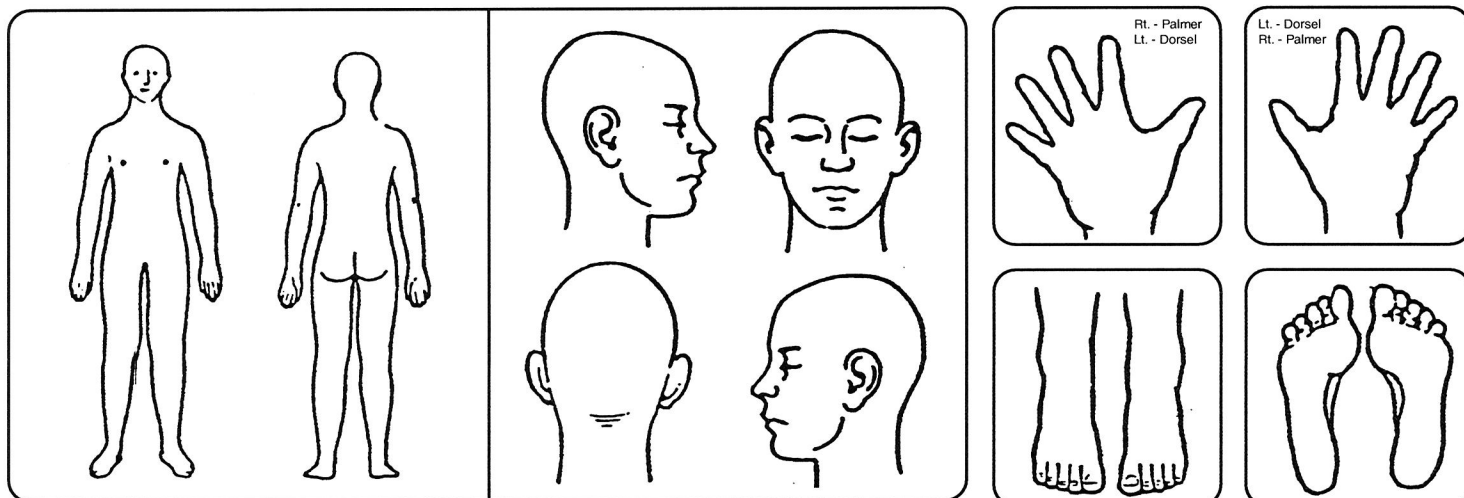
PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE. PLEASE PRINT OR TYPE

<b>1. NAME OF CHILD</b> (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Street, City, State & Zip Code)			COUNTY	
<b>1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE</b>			COUNTY	
<b>2. BIOLOGICAL/ADOPTIVE MOTHER</b> (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (Street, City, State & Zip Code)			COUNTY	
<b>3. BIOLOGICAL/ADOPTIVE FATHER</b> (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (Street, City, State & Zip Code)			COUNTY	
<b>4. OTHER PERSON RESPONSIBLE FOR CHILD</b>		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Street, City, State & Zip Code)		COUNTY	TELEPHONE NO.	
<b>5. ALLEGED PERPETRATOR</b> (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Street, City, State & Zip Code)		COUNTY	TELEPHONE NO.	
<b>6. FAMILY HOUSEHOLD COMPOSITION</b> (Excluding Above Names)	<b>RELATIONSHIP TO CHILD</b>	<b>NAME (Last, First, Initial)</b>		<b>RELATIONSHIP TO CHILD</b>
<b>A.</b>		<b>D.</b>		
<b>B.</b>		<b>E.</b>		
<b>C.</b>		<b>F.</b>		

DESCRIBE INJURIES/CONDITION AND **WHY** YOU SUSPECT ABUSE/NEGLECT. INCLUDE EVIDENCE OF PRIOR ABUSE TO THIS CHILD, SIBLING OR PERPETRATOR. (PLEASE REFER TO OPPOSITE SIDE FOR ADDITIONAL INFORMATION). PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.

COUNTY WHERE ABUSE OCCURRED

DATE OF INCIDENT



<b>7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY REPORTER, COUNTY AGENCY, LAW ENFORCEMENT, SCHOOL OFFICIAL, OR OTHERS.</b>			
<input type="checkbox"/> NOTIFICATION OF CORONER	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> HOSPITALIZATION
<input type="checkbox"/> POLICE NOTIFIED	<input type="checkbox"/> MEDICAL EXAMINATION	<input type="checkbox"/> EMERGENCY CUSTODY TAKEN	<input type="checkbox"/> OTHER (Specify) _____
<b>8. RISK FACTORS, CHILD:</b>			
A. DESCRIBE ANY PHYSICAL, MENTAL OR BEHAVIORAL FACTORS THAT MAY PLACE THE CHILD AT RISK:			<input type="checkbox"/> UNKNOWN
B. DOES THE CHILD APPEAR TO NEED IMMEDIATE MEDICAL ATTENTION?			IF YES, PLEASE EXPLAIN :
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES			
C. LEVEL OF PAIN CHILD EXHIBITS		PLEASE DESCRIBE:	
<input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE			
D. DOES THE CHILD APPEAR TO BE FEARFUL, SUICIDAL OR WITHDRAWN? IF YES, PLEASE EXPLAIN:			
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES			
<b>9. RISK FACTORS, FAMILY:</b>			
A. DESCRIBE ANY CARETAKER/PERPETRATOR CHARACTERISTICS THAT PLACE THE CHILD AT RISK:			<input type="checkbox"/> UNKNOWN
B. DESCRIBE THE EXTENT OF PERPETRATOR(S) ACCESS TO CHILD:			<input type="checkbox"/> UNKNOWN
C. IS THERE ANY SUBSTANCE ABUSE IN THE HOUSEHOLD?		IF YES, PLEASE EXPLAIN:	
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES			
D. DOES THE CARETAKER/PERPETRATOR HAVE A HISTORY OF VIOLENCE OR SEVERE EMOTIONAL PROBLEMS? IF YES, PLEASE EXPLAIN:			<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES
E. WHAT IS THE ENVIRONMENTAL (HEALTH AND SAFETY) CONDITION OF THE HOME?			<input type="checkbox"/> UNKNOWN
F. WILL CHILD BE AT RISK DUE TO COUNTY AGENCY INVOLVEMENT?			IF YES, PLEASE EXPLAIN:
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES			
G. ARE THERE WEAPONS IN THE HOME?		IF YES, PLEASE EXPLAIN:	
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES			

**INSTRUCTIONS TO MANDATED PERSONS:** Any persons who, in the course of their employment, occupation, or practice of their profession come into contact with children shall report or cause a report to be made to Childline (800-932-0313) when they have reasonable cause to suspect, on the basis of their medical, professional or other training and experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Within 48 hours after making the oral report, send one copy of this report to the county children and youth agency.

**NOTE:** If the child has been taken into custody, you must also immediately contact the county children and youth agency where the abuse occurred. Except for confidential communications made to an ordained member of the clergy, the privileged communication between any professional person required to report and the patient or client of that person shall not apply to situations involving child abuse and shall not constitute grounds for failure to report suspected abuse.

<b>REPORTING SOURCE</b>			
SIGNATURE	TITLE OR RELATIONSHIP TO CHILD	FACILITY OR ORGANIZATION	
ADDRESS	TELEPHONE NUMBER	DATE OF REPORT	

# Sample Contract for Sexual Offenders Attending Willow Street Mennonite Church

I, \_\_\_\_\_, agree to comply with the following guidelines implemented by the Willow Street Mennonite Church. I understand that these guidelines are to protect me from unmerited accusations as well as protect all other attendees. By signing this covenant, I agree to abide by the regulations and restrictions of the congregation's Child Protection Policy, including the "Regulations and Requirements for Sexual Offenders" listed in the policy, as well as any additional restrictions specified below.

My Supervisor is: \_\_\_\_\_.

**1. Contact with Children**

\_\_\_\_\_ No limitations

\_\_\_\_\_ Yes, limited to \_\_\_\_\_

\_\_\_\_\_ I will have no contact with children, either verbally, emotionally, physically while in church. (This includes no waving, no facial expressions, no verbal exchanges of any kind, and no touching.)

**2. Proximity to Supervisor**

\_\_\_\_\_ No limitations

\_\_\_\_\_ I agree to be within \_\_\_\_\_ feet of my supervisor at all times.

**3. Service/Activity Attendance**

\_\_\_\_\_ No limitations

\_\_\_\_\_ Yes, limited to \_\_\_\_\_

\_\_\_\_\_ I agree that I will only attend the following services/functions at the church when accompanied by my supervisor.

➤ \_\_\_\_\_ 9am Sunday School in room \_\_\_\_\_.

I will meet my supervisor at the carport entrance at \_\_\_\_\_ am.

➤ \_\_\_\_\_ 10:15am Worship Service. I will meet my supervisor at the carport entrance at \_\_\_\_\_ am.

➤ \_\_\_\_\_ Other Activity: \_\_\_\_\_. I will meet my supervisor at the carport entrance at \_\_\_\_\_ am/pm.

➤ \_\_\_\_\_ If there is a fellowship meal, I will sit with my supervisor at an adult-only table.

Exceptions, if any, would be \_\_\_\_\_

I understand that a request may be made to the pastoral team for permission to attend special services/church events at least two weeks prior to the event. If permission is granted, it will still be contingent upon the availability and willingness of my supervisor to attend with me.

**4. Bathroom Supervision**

\_\_\_\_\_ No supervision needed

\_\_\_\_\_ Limited supervision is required as follows: \_\_\_\_\_

\_\_\_\_\_ My supervisor will need to accompany me.

**5. Departing from Church Property**

\_\_\_\_\_ No limitations

\_\_\_\_\_ Limitations as defined: \_\_\_\_\_

\_\_\_\_\_ I agree that at the end of the service/function, my supervisor will escort me from the building to my car at which time I will immediately leave the church premises.

**If I fail to comply with the above, I will jeopardize my permission to attend. I will need to meet with the pastoral team and then comply with their recommendations.**

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