

Checklists for Camps

Risk Management Checklists for Camp Ministries



Important Information

The information in this publication is intended to help ministry leaders better understand issues of risk management and assist them in developing a risk management program for their churches and related ministries.

No portion of this publication should be used without prior legal review, revision, and approval by an attorney licensed to practice law in your state. Brotherhood Mutual Insurance Company assumes no liability for reliance upon the information provided in this publication, nor for the use and distribution of the sample forms provided.

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Camp Risk Management

Even if safety is a priority at your camp, the words “risk management plan” may seem daunting. What is involved in putting a plan together? Where should you look? What should you do first? You can use this book as a tool to take small steps toward developing a risk management mindset. Once you start to do that, the plan will quickly follow.

How should I use this book?

The checklists in this book are designed to help you take first steps toward improved risk management by assessing risk in key areas of your camp. You can complete the checklists individually or all at once. Either way, here's how to use them:

- If you answer “yes” to all of the questions on a checklist, that means your camp is already following some generally accepted best practices in that area of risk management.
- If you answer “no” to some of the questions, you can use the checklist to note issues that need more attention and create a follow-up plan for improvement.

Each list contains space at the bottom for the person completing the checklist to sign and date it, as well as make notes for specific needs that are discovered while completing the checklist. These notes will become the building blocks of your risk management plan.

You may want to photocopy each checklist prior to filling it out, in order to save a blank copy for future use. Evaluating risk throughout your camp is not a one-time procedure. Rather, it will become an ongoing process that you continually evaluate and improve upon.

You may want to create a binder that you can file the completed checklists in, along with relevant notes, estimates, receipts, and other paperwork. Use this material as part of your ongoing risk management procedures.

If I complete all of these checklists, does that mean my camp is risk-free?

Unfortunately, no. These checklists don't include every risk imaginable at your camp. That would be impossible, since risks vary by a camp's size, location, attendance, programs, and other factors. However, completing these checklists can give you an overall feel for your camp's risk management mindset.

What should I do first?

Your first challenge is finding the right person to oversee this responsibility. Then, you need to decide which area of camp to tackle first. Trying to address every aspect of your camp at once could be overwhelming. Once you have improved safety in one area, you can build on that success to make changes elsewhere.

Congratulations on taking the first step!



Developing a Risk Management Mindset

	Yes	Needs Attention
1. Do you have a designated risk manager who is familiar with your camp's policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your risk manager have adequate time for this responsibility and the authority to implement risk control measures?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a risk management committee made up of members who have professional experience in areas like administration, finances, or construction?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do the members of your risk management committee possess good communication skills and the ability to creatively solve problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you determined which areas of your camp ministry could cause the highest number of losses (accidents, damages, injuries)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you determine which areas of your camp ministry could cause the most expensive losses?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you determine which areas of your camp ministry could benefit the most from safety improvements?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you make a list of which areas of your camp are most important?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you make a comprehensive list of potential hazards within each area of your camp ministry? (These include damage or loss of equipment, damage or loss of property, theft or loss of finances, illness, lawsuits against the camp, sexual abuse or molestation, injury or death.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you estimate the frequency of each potential hazard, from highly unlikely to highly likely?	<input type="checkbox"/>	<input type="checkbox"/>
11. Did you determine the severity (or cost) of each potential loss, from low to high?	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on back)

	Yes	Needs Attention
12. Did you consider the relationship between risk frequency and risk severity? (For example, drowning has a low frequency but high severity. Slip-and-fall accidents generally have a high frequency but low severity.)	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you identify ways to avoid high frequency, high-severity risks?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you identify ways to prevent high frequency, low-severity risks?	<input type="checkbox"/>	<input type="checkbox"/>
15. Did you identify ways to reduce low frequency, high-severity risks?	<input type="checkbox"/>	<input type="checkbox"/>
16. Did you identify ways to modify your plan to better control risks?	<input type="checkbox"/>	<input type="checkbox"/>
17. Did you record the reasons behind your risk assessments in writing?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you regularly reevaluate hazards to be sure that you are appropriately addressing them as your camp ministry changes through the years?	<input type="checkbox"/>	<input type="checkbox"/>

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Creating a Risk Management Plan

	Yes	Needs Attention
1. Is your insurance coverage adequate to cover the amount of risk you've identified?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you discuss increasing your insurance deductible in order to reduce insurance costs? (This would mean absorbing additional costs in order to reduce your insurance premium.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you use agreements that can help transfer some costs associated with risk to others? (e.g., participants in youth outings sign liability release forms and contractors provide certificates of insurance.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Can your current budget accommodate needed changes like additional insurance coverage, building or vehicle maintenance, or additional alarm, security, or screening tools?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you communicate your risk management plan to staff, volunteers, and the participants in your ministry?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you made necessary changes to your buildings and/or vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you purchased and installed additional alarm, security, or screening tools?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you made the necessary improvements to your camp's operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you train staff and volunteers on these changes?	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you define ways to establish accountability for your new operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on back)

	Yes	Needs Attention
11. Did you determine how well the plan works?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you evaluate whether staff and volunteers are appropriately performing their roles?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you obtain feedback from staff, volunteers, and others about your new risk management plan?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have plans in place to evaluate your risk management procedures on a regular basis and make adjustments as needed?	<input type="checkbox"/>	<input type="checkbox"/>

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Camp Risk Management Checklist

	Yes	Needs Attention
1. Is leadership committed to risk management?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are safety responsibilities assigned and audited?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a written safety and health program?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have effective safety rules and policies?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are safety rules and policies enforced?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a safety coordinator?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a health and safety committee?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have emergency response procedures, including notification of authorities and parents?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have written, job-specific safety training guides?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you conduct systematic and objective safety inspections?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you investigate accidents to prevent repeats?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have effective claim management procedures?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you offer an early return-to-work program?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you keep detailed records and analyze accident data?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have a positive incentive program for safety promotion and awareness?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are your accident rates good or improving?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are the frequency and severity of workers' compensation claims good or improving?	<input type="checkbox"/>	<input type="checkbox"/>

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Buildings and Grounds Checklist

Creating a safe camp environment starts with the basics: providing adequate food, shelter, and safety. Examine your facilities as if you were a newcomer. Your eyes might spy several areas that could benefit from safety improvements.

	Yes	Needs Attention
1. Are all buildings, structures, and activity areas in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are clean and sanitary conditions maintained throughout the campsite?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all buildings used for sleeping have working smoke detectors, recently serviced fire extinguishers, and emergency exits?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do all buildings used for sleeping that contain fuel-burning equipment also have functioning carbon monoxide detectors?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do all permanent sleeping buildings have ventilation, temperature control, space for movement, and space between beds?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do upper bunks have guardrails (if used for children under 16)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you repair roof leaks as soon as possible?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you repair or replace broken windows as soon as possible?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you avoid using extension cords in place of permanent electrical wiring and outlets?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all electrical outlets near water (restrooms, pool areas) equipped with ground fault circuit interrupter (GFCI) outlets?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have an adequate number of sinks near the toilet area?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you regulate hot water temperature to prevent scalding?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you inspect camp paths, trails, and sidewalks regularly for potential tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is outdoor lighting adequate for night arrivals and nighttime activities?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is the property fenced and equipped with "No Trespassing" signs?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the entry is closed or locked at night?	<input type="checkbox"/>	<input type="checkbox"/>

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Camp Kitchen Checklist

When you're feeding a group of people, there's always the potential for contaminated food to make everyone sick. To control that risk, camps must take a number of safety precautions in the food service area. Most items on the following checklist were adapted from the American Camping Association's accreditation standards.

	Yes	Needs Attention
1. Is your food service area clean and protected from rodents and insects?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all walks, floors, and appliances kept free from grease accumulation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you check daily to ensure that perishable food is kept below 40° F?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are garbage cans in the dining and kitchen areas covered when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the food service supervisor have documented training and/or experience in food service management?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the staff follow procedures for cleaning and sanitizing utensils and food contact surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are workers trained in proper hand washing techniques, and do they know when to wash their hands?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is all food cooked and held at safe temperatures?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all dishes and utensils cleaned and sanitized?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all dishes washed and rinsed at 100° F or above and allowed to air dry?	<input type="checkbox"/>	<input type="checkbox"/>
11. When outside groups rent your camp, do you advise them about proper food handling and dishwashing procedures?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have written verification that your camp's water is safe to drink?	<input type="checkbox"/>	<input type="checkbox"/>

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Fire Safety Checklist

Fires are one of the leading causes of property losses—and one of the most preventable. A little awareness and preparedness can go a long way in protecting your camp from a catastrophic loss like a fire. Heating, electrical and sprinkler systems should be maintained and tested on a regular basis and evacuation plans should be updated and practiced as well. Here are some things to think about as you look at fire safety.

	Yes	Needs Attention
1. Are furnaces professionally cleaned and inspected annually?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you annually analyze the electrical system for adequacy, replace equipment like frayed, worn, or dried-out extension cords, and check the fuse box to make sure all fuses are the proper size for each circuit?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ensure that combustibles, like paint supplies and other flammable liquids, are stored away from heat sources, such as campfires, furnaces, or boilers?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all exits clearly marked and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you annually inspect smoke detectors and fire extinguishers to ensure they are functioning?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is each building used for sleeping equipped with functioning smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does each building used for sleeping have two exit options?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do any of your buildings have sprinkler systems installed to automatically extinguish fires as soon as they're detected?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your ministry worked with a professional to develop a lightning and surge protection system?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do your staff and volunteers know that they should turn off electrical items when they are not in use?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your camp have an evacuation plan for fires or other emergencies?	<input type="checkbox"/>	<input type="checkbox"/>

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Playground Safety Checklist

Children of all ages love to run, jump, and generally go wild on the playground. Unfortunately, playgrounds can also be the scene of serious injuries if they're not properly built and maintained. Although you can't prevent every accident that occurs on your playground, you can help reduce the risk of more serious falls and other injuries through proper playground design, equipment maintenance, and child supervision.

	Yes	Needs Attention
1. Was your playground equipment designed and installed by professionals?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does playground equipment sit on at least 9 to 12 inches of shock-absorbing surface material?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is playground equipment firmly anchored to the ground?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are elevated play areas on your playground protected with continuous guardrails?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the space between handrails and ladder rungs no larger than 3.5 x 9 inches to prevent head entrapment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are your playground swings spaced at least 2 feet apart and 30 inches from the side poles to help prevent crashes?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your playground inspected regularly for broken glass or sharp metal objects?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is your playground equipment regularly inspected for worn or missing parts, loose bolts, sharp edges or points, damaged "s" hooks, and exposed components that could trip, pinch, or crush someone?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are moving parts on your playground properly lubricated?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is splintered or cracked wood repaired?	<input type="checkbox"/>	<input type="checkbox"/>

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Swimming Pool Checklist

	Yes	Needs Attention
1. Is pool depth marked conspicuously?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is water tested in accordance with applicable regulations?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is water clear and the bottom clearly visible?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are screens secure over all water intakes?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is diving strictly prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is pool area inspected regularly for sharp edges?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the children's area roped off?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are pool ladders, steps, and treads in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are walkways and deck in good repair and coated in a non-slip material?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are safety rules posted and enforced?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are emergency telephone numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is a trained attendant on duty at all times when pool is open?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is rescue equipment readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>
14. If night swimming is permitted, is illumination adequate?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are underwater lights GFCI equipped and periodically tested by an electrician?	<input type="checkbox"/>	<input type="checkbox"/>
16. If hot-water pipes are present, are they located where people cannot contact them?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is pool surrounded by a security fence and securely locked when not in use?	<input type="checkbox"/>	<input type="checkbox"/>

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Youth Activities Checklist

	Yes	Needs Attention
1. Do you require that parents or guardians sign an <i>Activity Participation Agreement</i> prior to allowing young people to participate in activities at camp? (See sample <i>Activity Participation Agreement</i> , included.)	<input type="checkbox"/>	<input type="checkbox"/>
2. If you offer high-risk activities (such as a ropes course, rappelling, whitewater rafting, etc.), do you use trained supervisors or enlist the services of a professional who specializes in the activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you give campers a safety orientation before they participate in specialized activities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have adequate supervision for all programs and activities, especially those involving high risk?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you avoid games that might result in headfirst collisions with objects or other people?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have experienced, certified lifeguards on duty at any event involving swimming?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you document whether campers are covered by family medical or health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do camp staff and volunteers complete a <i>Notice of Injury</i> form whenever a camper gets hurt, no matter how minor the injury may seem? (See sample <i>Notice of Injury</i> form, included.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Are camp vehicles inspected regularly and kept in excellent mechanical condition? (See sample <i>Driver Inspection Checklist</i> , included.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Are camp vehicles operated by experienced, responsible drivers? (See sample <i>Driver Screening Checklist</i> , included.)	<input type="checkbox"/>	<input type="checkbox"/>
11. Do camp staff and volunteers regularly practice emergency response procedures?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do camp staff and volunteers have ready access to first-aid supplies and have current first-aid training?	<input type="checkbox"/>	<input type="checkbox"/>

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Safeguarding Against Sexual Abuse

No ministry is immune to the dangers of child sexual assault. Child sexual predators are a very real risk, and they're always looking for opportunities to interact with children. They may volunteer to work with children at your camp. How are you going to manage this risk? Here are a few ways to get started.

	Yes	Needs Attention
1. Do you invest in a background screening program for all volunteers and employees who work with your campers?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the background check include investigation into prior church membership and volunteer work, reference checks, and criminal records checks?	<input type="checkbox"/>	<input type="checkbox"/>
3. On and off camp premises, do you have at least two adults supervise a group of children at all times, whether they are in a room, a vehicle, or other enclosed space—even if only one or two children need care?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ensure an adequate number of adult chaperones for all camp events, especially those that involve overnights?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your camp employees and volunteers know all state and federal laws that deal with child abuse (e.g., reporting requirements), and have they have been trained in how to comply with these laws?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do your camp employees and volunteers know how to identify inappropriate behavior and the procedures for reporting such conduct?	<input type="checkbox"/>	<input type="checkbox"/>

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Supervision and Discipline

Activities at your camp are supposed to be fun learning experiences. However, youth activity leaders can face challenges related to supervision and discipline that can spoil the fun for everyone in the group. Does your camp have a sufficient number of adult leaders? Do they know how to address discipline problems in a positive, effective manner? Questions like these must be considered for every activity hosted by your camp.

	Yes	Needs Attention
1. For each of your camp programs and activities, do you have a minimum of two adults present with any given group at all times?	<input type="checkbox"/>	<input type="checkbox"/>
2. For each of your camp programs and activities, do you have a ratio of one adult chaperone for every eight young people?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do your camp activity leaders and counselors give participants clear guidelines to follow so that young people have a good understanding of what's expected of them at all times?	<input type="checkbox"/>	<input type="checkbox"/>
4. When it is necessary to discipline campers, have your counselors been instructed to deliver it in a positive manner?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have your counselors been instructed to avoid the use of accusation, criticism, blame, shame, sarcasm, and other forms of negative discipline?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have your counselors been instructed to avoid any use of physical punishment?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are your leaders and volunteers instructed to use forms of discipline that increase a young person's self esteem and allow them to feel valued?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are your leaders and volunteers given access to training that can help them develop their behavior management skills?	<input type="checkbox"/>	<input type="checkbox"/>

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Disaster Planning Checklist

	Yes	Needs Attention
1. Do you have a team that can take charge during any emergency situation? Do members of the team fill the roles of communication, evacuation, first aid, and emergency supplies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you maintain equipment needed for emergency fire protection, first aid, communication, transportation, and backup power?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you consulted area experts like fire or emergency personnel about special considerations for your plan?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your disaster plan identify a safe place to gather in the event of an exterior threat like a tornado?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your disaster plan include an evacuation plan for interior threats, such as fires or bomb threats? Does it include a well-defined escape route? Are the locations of all doors, windows, and stairways clearly mapped out?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the evacuation plan designate outdoor gathering areas that are at least 150 feet away from the buildings?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your disaster plan specify which employees and/or volunteers are in charge of leading groups from different areas of the campground?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all evacuation routes and procedures outlined in the disaster plan posted in highly visible areas throughout your facility?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you inform all campers, staff, and groups of your emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you practice evacuation drills on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you maintain and distribute copies of the disaster plan to all people who would respond to an emergency? The plan should include each person's responsibilities and 24-hour phone numbers	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you maintain and distribute an updated list of important information and phone numbers? (Police and fire departments, hospitals, your camp's insurance agent and policy number, telephone, gas, and electric companies, building maintenance and security.)	<input type="checkbox"/>	<input type="checkbox"/>

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Violence at Camp

Emergency preparedness used to mean having a plan for responding to reports of fire and severe weather. Today, camp ministries must also be prepared to deal with crises created by violent people. While such events seem unthinkable, they could happen. Take measures to prepare for the unexpected, so that you are ready to face an emergency of this nature should it arise.

	Yes	Needs Attention
1. Does your camp have a disaster response plan that you can re-purpose to address violent attacks?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your camp have a disaster response team that can help prepare for a violent event?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your disaster response team talked about worst-case scenarios and looked at what areas of your camp are most vulnerable to a violent attack?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your disaster response team talked with professionals like first responders and emergency managers about how to prepare for and respond to a violent attack?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your disaster response team regularly participate in drills to review and practice what you intend to do during and after an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you regularly communicate with your campers about what to do in the event of a violent attack? Do they know where to go and what to do?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your camp invested in security equipment that would enable staff and volunteers to limit access to specific areas of camp buildings, should a violent attack take place?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your camp have security cameras, panic buttons, silent alarms, or other types of security equipment to help ensure the safety of your campers?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

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Employee and Volunteer Training

	Yes	Needs Attention
1. Do you conduct thorough background checks for all of your employees and volunteers, especially those who work with children/young adults and those who handle money or other confidential records?	<input type="checkbox"/>	<input type="checkbox"/>
2. In addition to background checks, do you ask for personal references for all of your employees and volunteers, and follow up on those provided?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require all employees, regardless of their position, and volunteers who work with children to fill out an application prior to allowing them to serve at your camp?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you regularly conduct training for all employees and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
5. During your training, do you review your camp's policies on such issues as smoking, drug/alcohol use or possession, weapons, smoking, facilities use, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you provide employees and volunteers with specific behavior guidelines that illustrate how they are expected to interact with the people they work with and one another?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you regularly discuss and rehearse proper response to emergency situations like fire, lightning, natural disasters, and violent attacks with your employees and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do your employees and volunteers understand their role in administering first aid, obtaining professional medical care, notifying parents, and documenting injuries that occur while they are on the job?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your employees and volunteers know what procedures to follow to prevent children from being abused emotionally, physically, or sexually?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do your employees and volunteers know what reporting requirements they must follow if they suspect a child is being abused?	<input type="checkbox"/>	<input type="checkbox"/>

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Supervising Camp Activities

	Yes	Needs Attention
1. Do you invest in comprehensive background checks for all of your employees and volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you look for supervisors who demonstrate maturity and good judgement?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you avoid putting teenagers in leadership/supervisory roles?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you always have at least two adults as primary supervisors at any one activity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you try to enlist supervisors who have special training like CPR, first aid, or special skills that pertain to the activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you appoint supervisors who have the authority to maintain control of the group?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you appoint more than two adult supervisors for events that either involve more risk or younger children?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you ask parents/guardians to fill out activity participation agreements and note any known medical conditions or allergies prior to allowing children to attend camp?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you meet with your supervisors prior to the event to evaluate risks, establish discipline procedures, and plan for emergency situations?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do your supervisors understand proper discipline procedures?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do your supervisors explain all rules and expectations before activities begin?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

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First Aid & Health Checklist

	Yes	Needs Attention
1. Do you have a staff member with training in the appropriate level of first aid and CPR on duty at all times in camp and on camp trips?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you're a resident camp, do you have a licensed physician or registered nurse on site daily?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you gather health history information on campers and seasonal staff that includes current health conditions, past medical treatment, immunizations, and allergies?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you gather information on campers and seasonal staff that includes name, birth date/age, name/address/phone of adult responsible for each minor, phone of emergency contact, and name/phone of individual's physician?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have parents of minors sign a form giving you permission to provide routine health care, administer prescribed medications, and seek emergency medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have written health care policies that include the scope and limits of services, authority/responsibilities of camp staff, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you keep a health log and reports of all incidents requiring professional medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you store all drugs under lock and dispense prescription drugs only under the directions of a physician?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you train staff in their health care roles and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you inform appropriate staff of any special needs of campers for whom they're responsible?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your emergency response team know to look for an emergency medical identification card on the injured or ill person to alert you to any known medical problems or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have gloves available to protect emergency response team members from blood and other potentially harmful bodily fluids?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

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Keeping Your Camp Ministry Healthy

Keeping healthy during cold and flu season can be a challenge. But for busy employees and volunteers who surround themselves around other people, especially children, it can sometimes seem like a losing battle. How can you help your employees and volunteers stay healthy? Take time prior to cold and flu season to educate your employees and volunteers on how they can help ensure a healthier environment for your ministry.

		Needs Attention
1. Do you encourage employees and volunteers to stay home when they are sick or have flu symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you encourage your employees and volunteers to wash hands frequently and thoroughly?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do your employees and volunteers have ready access to alcohol-based hand sanitizer in areas where soap and water is not available?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do your employees and volunteers know that they should avoid touching their eyes, nose and mouth to avoid spreading germs from their hands?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your camp have set guidelines for how to address children who become ill while in your care?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your camp have set guidelines for how to clean and disinfect surfaces in mess halls, restrooms, and offices, etc. — to prevent the spread of illness?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you encourage your employees to practice good health habits, like getting plenty of rest, being physically active, drinking plenty of fluids, and eating nutritious foods?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your camp have a disaster plan that could be implemented in the event of a public health emergency like a pandemic flu or infectious disease outbreak?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

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Preventing Slip and Fall Accidents

	Yes	Needs Attention
1. Are your camp's sidewalks and parking lots in good repair? Are they free of uneven surfaces, holes, and cracks that people could easily trip over?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all handrails and steps also in good condition? Are handrails securely fastened? Do you routinely repair worn or damaged steps?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your steps (indoor and outdoor) clearly marked so campers and guests can easily differentiate their levels?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you use mats or rugs with non-skid backings at each of your entrances? Do you ensure that they lie flat so nobody trips over them?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you use only non-slip coatings and waxes on your floors to improve traction?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you clearly mark wet floors, using cones or signs, to caution people from walking on them?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your carpet in good repair? Do you routinely replace worn or frayed carpeting to prevent people from tripping over loose pieces?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

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Water Safety Checklist

	Yes	Needs Attention
1. Do you pair up swimmers regardless of their skill level and use the buddy system during all outings that involve water play?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you employ certified lifeguards at all of your swimming areas and limit swim times to when a lifeguard is on duty?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you post rules and safety regulations in highly visible places near all of your swimming areas?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you use wristbands or some other form of identification for all of your young children and inexperienced swimmers, so they can be easily seen while in the water?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you limit inexperienced swimmers' water play to shallow areas, in order to help ensure their safety?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you provide young children and inexperienced swimmers with U.S. Coast Guard-approved life jackets (personal flotation devices)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you schedule regular swim breaks (for example, 10 minutes at the top of every hour) and strictly enforce them?	<input type="checkbox"/>	<input type="checkbox"/>
8. When swimming involves natural bodies of water, do you clearly mark off the deep areas and drop-offs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a designated person assigned to watching the weather for pop-up storms that could pose lightning dangers?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do your group leaders know how to prevent, recognize, and respond to emergencies?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do your group leaders know CPR?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do your group leaders have ready access to a cell phone or radio, in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

Completed by: _____ Date: _____

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Driver Screening Checklist

An important part of running a camp is providing safe transportation—be it shuttling the kids to the lake or retrieving campers from a white-water rafting trip. Screening your drivers before they get behind the wheel is critical to ensuring that those in your care are in good hands.

Please select at least one primary qualified driver for each vehicle your camp owns. Keep a list of all approved, trained drivers, and avoid situations where people not on the list are thrust into the driver’s seat.

The following questions can help you screen driving candidates:

	Yes	Needs Attention
1. Does each driver hold a valid state driver’s license?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does each person who drives a bus or large van (16+ people) hold a valid commercial driver’s license in accordance with applicable state laws?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you avoid using drivers under age 21?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you train drivers to handle large vans or buses?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you obtain candidates’ driving records and insurance coverage information?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you avoid using drivers who have reckless driving citations or multiple moving violations?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____

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Driver Pre-Trip/Post-Trip Inspection Checklist

Vehicle (Make/Model/Year): _____

Odometer Reading: _____ Date: _____ Time: _____ AM PM

Check any item that needs attention and include the details under "comments." Don't drive the vehicle until the defects you've discovered have been corrected.

Start the engine and test the following:

Noises (unusual) OK NEEDS ATTENTION

Noises

Gauges OK NEEDS ATTENTION

Fuel

Temperature

Dashboard warning light

Lights OK NEEDS ATTENTION

Headlights

Brake lights

Turn signals

Hazard lights

Other OK NEEDS ATTENTION

Windshield wipers

Fans and defroster

Brakes (and parking brake)

Mirrors

Horn

Exhaust system

(muffler, tailpipe)

Tires OK NEEDS ATTENTION

Proper inflation

Adequate tread

Spare inflated

Leaks (look underneath) OK NEEDS ATTENTION

Oil

Other

Safety equipment OK NEEDS ATTENTION

Fire extinguisher

First aid kit

Reflective triangles

Flares

Spare bulbs/fuses

Map

Emergency contact info

Cell phone/two-way radio

Seat belts

(one for each passenger)

Comments: _____

Vehicle Condition Following Driver's Inspection

- Acceptable:** Vehicle can be driven without further inspection.
- Requires Attention:** Vehicle can be driven, but should be inspected by a mechanic in the next 30 days.
- Requires Immediate Attention:** Vehicle should **not** be driven until it has been inspected by a mechanic.

Driver's signature _____ Date _____

Mechanic's Repair Report

- Defects noted above have been repaired.
- Defects noted above need not be repaired for safe operation of vehicle.

Mechanic's signature _____ Date _____

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Auto Accident Checklist

When an Accident Happens:

- Stop immediately and turn off your ignition. Don't obstruct traffic. Ask a responsible person to warn oncoming traffic.
- Don't move your vehicle until instructed to do so by police.
- Stay calm, don't argue, don't admit fault, and don't accuse anyone of fault.
- Obtain first aid if needed and ask someone to call police.
- Record the make, model, and license plate number of all vehicles. Ask for the driver's license numbers of those involved.
- Secure the names and addresses of all parties, as well as any witnesses and/or injured parties.
- Make a diagram of the accident showing the position of the two vehicles during and after the crash.
- At the accident site, don't make any settlement offers or volunteer to pay damages.
- Make sure the attending officer files a police report.
- Report the accident to your insurance agent or company as soon as possible.
- File a financial responsibility report with the state or local police if required by law.

Accident Scene Diagram:

Driver's Name: _____

Church/Ministry Name: _____

Policy Number: _____

Record of Events:

Date/time of accident: _____

Road conditions: _____

Weather conditions: _____

Accident location: _____

Other driver's name and phone number: _____

Other parties' vehicle description/driver's license number, and insurance company: _____

Were there any passengers in your vehicle? _____

Other vehicle? Names, ages, injuries: _____

Did EMT respond? Injuries treated: _____

Did the police respond? If so, officer's name and badge number: _____

Was a police report made? If so, report number: _____

Damage to vehicles: _____

Comments made by other drivers: _____

Agent's Name: _____

Telephone: _____

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Reference Response Information

To: _____
Name of Ministry

From: _____
Address

Subject: _____
Name of Worker Candidate

The individual named above has expressed an interest in working with children or youth in our ministry. The candidate has listed you as a reference. In order for our organization to properly evaluate the qualifications of this worker candidate, we are asking you to complete this form with your honest opinions and impressions of the candidate.

Please return the completed form to our organization in the enclosed envelope. Thank you for your assistance.

1. How long have you known the ministry worker candidate? _____

2. In what capacity have you come to know this individual? (i.e. coworker, neighbor, friend, etc.) _____

3. In your opinion, is the above worker candidate fully qualified to work with children and youth?
 Yes No (If no, please explain)

4. What concerns, if any, would you have in allowing this individual to work with children or youth? _____

5. Are you aware of anything in the candidate's background, personality, or behavior that could in any way pose a threat to children or youth?
 Yes No (If yes, please explain)

Additional comments or explanations:

The above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please return this form at your earliest convenience to: (name of church, individual)

Thank you.

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Notice of Injury

Organization	Name: _____ Address: _____
Time and Place of Injury	Date of Injury: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Where did the injury occur? _____
Person Injured	Name: _____ Age: _____ Address: _____ Telephone: _____ Name of parents/guardians (if a minor): _____ Employer: _____ Injuries sustained: _____ Where was injured taken? (hospital/doctor): _____ Relationship to organization: <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Student/Camper <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Other If injury occurred on insured's premises, for what purpose was the injured on the premises? _____ Who was responsible for supervision at the time of injury? _____ If injury occurred elsewhere, what connection did it have with the insured's operations or activities? _____ Does the injured party have personal medical insurance that could apply? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medical insurance company: _____ _____
Full Description of Incident	_____ _____ _____ _____
Witnesses	Name: _____ Telephone: _____ Address: _____ Name: _____ Telephone: _____ Address: _____

Signature: _____ Date of report: _____

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