



GUIDELINES FOR CAMP MINISTRIES

PROVIDING A SAFE, SECURE ENVIRONMENT FOR CAMP PARTICIPANTS



Important Information

The information in this publication is intended to help camp ministry leaders develop an employee and volunteer screening program for their camp operations. We believe that you will find the materials in this publication valuable, either as a starting point in developing a new screening program or in reviewing and updating an existing one.

We recognize that every camp ministry is different, and policies and procedures must address the particular needs of each organization. This publication is designed to provide practical guidelines. It does not constitute legal advice between an attorney and a client. The law varies in different jurisdictions, and the information discussed in this publication may not be applicable to the law in your state. If specific legal advice is required, we recommend that you consult with an attorney familiar with the laws in your location.

The author and Brotherhood Mutual Insurance Company assume 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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Sample Guidelines for Camps

This camp ministry is committed to providing a safe and secure environment for those participating in our camp activities. We are also committed to minimizing unwarranted accusations of improper behavior that staff members may experience as they carry out their duties. To fulfill these commitments our camp has adopted the following policy and procedures.

(Note: References to “staff” or “staff members” also include any volunteers who may serve at the camp.)

Screening Procedures

1. Prior to consideration, all candidates seeking a staff position at our camp will complete and return an initial staff application.
2. The camp manager in charge of hiring will carefully review the applications, ensuring that each candidate is an appropriate match for the position. The staff manager will store all application materials (the application form, background checks, reference

checks, notes from interviews, etc.) in a locked file cabinet or other secure location. Application materials are private records and will only be released when a legal need for access has been demonstrated.

3. The camp manager will check at least two references to confirm the candidate’s information on the initial staff application. The camp manager also will conduct a criminal background check through a state law enforcement agency or other provider of those services.
4. When indicated by application, reference checks, or background checks, candidates who pose a threat to others (for example, candidates with a prior history of committing or attempting physical or sexual abuse) will be removed immediately from consideration for any position with the camp.

Supervision

1. Whenever practical, at least two adult staff members will be present at every activity involving minor campers. When this is not consistent with essential camp operations (for example, in cabins that are too small to accommodate more than one staff member), a lone staff member will never be alone with a single



camper. For purposes of this policy, “adult” means a staff member at least 18 years of age and at least five years older than the oldest camper being supervised.

2. Every reasonable effort will be made to maintain appropriate staff-to-camper ratios. Appropriate staff-to-camper ratios are determined by recommendations from relevant state agencies. The staff-to-camper ratio will never be 1-to-1.
3. Two or more adult staff members will be assigned to monitor all areas of the camp at all times, other than during normal camp activity hours.
4. Workers are to release campers only to a properly identified parent/guardian or a properly authorized individual—an adult who has written authorization from the parent/guardian to take the child from the camp.

Counseling

When practical, individual campers will receive needed spiritual/emotional counseling with two staff members present. When only one staff member conducts the counseling session, the session will be conducted in view of other staff members in a public place. One-on-one counseling will be limited to no more than three sessions, with each session lasting no longer than 30 minutes. If additional counseling is required, refer the camper to a qualified professional counselor.

Work Restrictions

Staff members will not participate in public displays of affection (kissing, hugging, etc.) while at the camp. The use of tobacco, alcohol, or illegal drugs is prohibited at camp. Staff members will disclose to the camp manager any prescription medications they are using in accordance with a doctor’s prescription. Any unexplained or suspicious disappearance of prescription medications must be reported immediately to the camp manager.

Discipline

1. Corporal punishment (spanking, grabbing, shaking, etc.) will not be used by anyone at the camp. Physical restraint will be used only when reasonably necessary to prevent harm to the restrained camper or to others.
2. Disciplinary problems will be promptly reported to camp management.

Injuries or Illness

1. Staff members and campers who are ill will be separated from campers to the extent practical and/or sent to the camp infirmary.
2. Parents of ill or injured campers will be contacted to determine whether or not the campers will remain at the camp.
3. Camp employees will be trained in basic first aid/CPR procedures, including procedures for safely responding to potential exposure to blood, saliva, and other bodily fluids. Volunteer staff will be trained in basic first aid and medical emergency procedures.
4. When a staff member or camp management becomes aware of an injury, they will initiate the necessary steps to ensure that the injured person receives proper medical attention and provide appropriate supervision for the remaining activity participants. When practical, the staff member will review the camper’s medical information before administering first aid.
5. When an injury is obviously minor (cuts, scrapes, etc.), first aid will be provided, as needed, at the time of the injury. If an injured camper, who has received first aid, is a minor, the camper’s parents or guardians will be notified of the injury and treatment when they pick up the camper.
6. In the event of an injury untreatable by simple first aid, staff members or camp management will seek appropriate medical attention immediately. If the injured person is a minor, the parents or guardians will be immediately notified. If the injury requires immediate professional attention, staff members or camp management will call emergency medical personnel.



Record-Keeping

1. Records will be maintained for campers and staff members present at each camp session. Any off-premises events during a camp session will be recorded, including the date and location of the event, and the names of all campers and staff members who were involved. All camp records will be maintained by camp management for an appropriate length of time as directed by the camp's attorney.
2. Camp management will prepare a written Notice of Injury or Disciplinary Action Report whenever an injury or disciplinary action occurs during camp activities. Camp management will include the report in camp records for an appropriate length of time.
3. Camp management will maintain records containing personal or private information in a locked cabinet or secure location. This information will be released only when a legal need for access has been demonstrated.

Notice of Injury, Abuse, or Molestation

1. Camp management will be immediately informed of any injury, abuse, or molestation known or suspected by any staff member or camper. Camp management will complete a Notice of Injury form when informed of any known or suspected injury, abuse, or molestation.
2. When informed of any known or suspected abuse or molestation, camp management will perform the following procedure:

FIRST, camp management will contact its attorney explaining the allegations and the facts available at that time. If the allegations involve known or suspected abuse or molestation by a parent or guardian, camp management will not notify the camper's parents or guardians until after receiving a written legal opinion from its attorney. Regardless of the nature of the allegations, camp management will obtain a written legal opinion from its attorney within 24 hours of the allegation.

SECOND, camp management will contact the camper's parents or guardians explaining the allegations and the facts available at that time, unless otherwise advised by the camp's attorney.

THIRD, after receiving a written legal opinion from the camp's attorney, camp management

will follow the advice of the camp's attorney regarding whether or not it is appropriate to contact law enforcement or other government officials.

FOURTH, in the event of a report to law enforcement or other government officials regarding an allegation, camp management will cooperate with any official investigation as advised by legal counsel.

FIFTH, camp management will conduct an internal investigation into the circumstances of the alleged abuse or molestation. Staff members who are the subject of any investigation to alleged abuse or molestation will be removed from their position, with pay, pending completion of the investigation. The employment of staff members who admit to abuse or molestation will be terminated consistent with the established employment practices of the camp. Any staff member found to have engaged in abuse or molestation will be permanently removed from their duties within the camp. Camp management will obtain a written opinion from legal counsel whenever an internal investigation results in the termination of a staff member's employment.

3. Camp management will promptly notify the camp's insurance carriers (general and professional liability insurance) when informed of alleged abuse or molestation. They will also notify (name of denominational or headquarters contact person or office).

Dealing With Law Enforcement and News Media

1. Camp management will cooperate with law enforcement and other government officials in accordance with the guidance of the camp's attorney. Staff members will cooperate with law enforcement and other government officials as directed by camp management.
2. Camp management will communicate with members of the news media in accordance with the guidance of the camp's attorney. Staff members will not at any time communicate with members of the news media regarding any alleged abuse or molestation occurring at the camp.



3. Camp management will designate a spokesperson that will be the point of contact for law enforcement and government officials, as well as the official spokesperson for conveying information regarding the allegations or investigation to the news media. The camp's spokesperson will work closely with the camp's attorney and the camp manager, if the spokesperson is not the camp manager, when performing these duties.

Violation of Policy or Procedures

1. Staff members will promptly notify camp management of any violation of this policy or its procedures.
2. Camp management will take all necessary steps to ensure compliance with this policy and its procedures. Camp management will remove staff members from their positions, when necessary, to ensure compliance with the policy.

Annual Review

1. Camp management will review this policy and its procedures at least once each year. Camp management will consult with an attorney in identifying policies and procedures that require modification. When reviewing this policy and its procedures, camp management and legal counsel will examine potential conflicts between this policy and the by-laws or other governing documents of the camp.
2. Upon completion of this review, camp management will conduct annual training for all staff members to familiarize them with the policy.

3. Staff members previously screened by camp management will submit an annual renewal form updating the information in their personal record.
4. Staff members found unsuitable for continued work at the camp based upon a submitted renewal form will be immediately removed from their current position. Staff members removed due to a submitted renewal form will not be considered for future positions at the camp.

This is a sample document only. Your organization is responsible for compliance with all applicable state and local laws. Accordingly, this form should not be used or adopted by your organization without first being reviewed and approved by your attorney. Brotherhood Mutual Insurance Company assumes no liability in the preparation and distribution of this sample document.

Checklist for Developing a Camp Screening Policy

GUIDING PRINCIPLE: All camp ministry workers—both paid and volunteer—require screening.

	YES	NO
a. Do you screen all employees, including camp staff, whether or not they will work with children and youth?		
b. Do you screen volunteer camp workers?		
c. Do you consistently check at least two employee/volunteer references?		
d. Do you regularly conduct criminal background checks on employees and volunteers?		
e. Do you conduct personal interviews with each camp worker on a one-year to three-year basis?		
f. Do you currently have a written child abuse prevention policy for your camp ministry?		
g. Have you consulted an attorney in the development of a child abuse prevention policy and screening procedures?		
h. Do you have a clearly defined reporting procedure should an incident of abuse occur?		
i. Do you provide regular first aid and abuse prevention training for camp workers?		
j. Have you developed and implemented a communication plan to meet your ongoing need to inform camp staff and other members of your organization?		
k. Are you prepared to respond to potential media inquiries?		
l. Do you have a general liability insurance policy and coverage for sexual acts liability, and other camp specific risk exposures?		
m. Do you regularly review your program and make changes when needed?		
n. Are you prepared to handle campers with special needs?		

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The sample forms included in this packet are intended to be used as a starting point for your camp ministry. You can use these forms as a guide, but should not use them as presented here, because some of them contain notes. Develop your own forms with the help of your attorney.

Sample Camp Work Application

Volunteers and Employees

Name: _____

Daytime telephone: _____

Address: _____

Age range: _____ 18 or younger _____ 19–25 _____ 26 or older

In which camp program(s) do you want to become involved? _____

What skills would you bring to the program? _____

What other camp or ministry work experience do you have? (Please list)

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you at any time ever:

- Been arrested for any reason? _____ Yes _____ No
- *Been convicted of, or pleaded guilty or no contest to, any crime? _____ Yes _____ No
- **Engaged in, or been accused of, any child molestation, exploitation, or abuse? _____ Yes _____ No

**To the extent that a crime does not pose a threat to minors, you might not be able to ask this question in your state. Check with your attorney.*

***The accusation aspect of this question might not be able to be asked of an employee or an applicant for employment. Check with your attorney.*

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others? _____ Yes _____ No
- Any reason why you should not work with children, youth, or others? _____ Yes _____ No

If the answer to any of these questions is “yes,” please explain in detail: _____

(Please attach additional pages if more space is needed)

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Camp, Church, or Ministry Activity

What camp, church, or ministries have you attended or worked with in the past five years?

Church name	Pastor's name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

References (Other than relatives). Please provide at least two.

Name /Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Sample Camp Work Verification and Release

Volunteers and Employees

I recognize that (**name of organization**) is relying on the accuracy of the information I provide on the *Camp Work Application* form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed on the *Camp Work Application* form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the *Camp Work Application* form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: _____

Signature: _____ Date: _____

(Please read this document carefully before you sign it.)

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Sample Camp Worker Renewal Application

Volunteers and Employees

Name: _____ Daytime telephone: _____

Address: _____

Age range: _____ 18 or younger _____ 19–25 _____ 26 or older

In which camp program(s) are you currently involved? _____

In what other camp program(s), if any, do you plan to become involved? _____

Have you at any time ever:

• Been arrested for any reason? _____ Yes _____ No

• *Been convicted of, or pleaded guilty or no contest to, any crime? _____ Yes _____ No

• **Engaged in, or been accused of, any child molestation, exploitation, or abuse? _____ Yes _____ No

**To the extent that a crime does not pose a threat to minors, you might not be able to ask this question in your state. Check with your attorney.*

***The accusation aspect of this question might not be able to be asked of an employee or an applicant for employment. Check with your attorney.*

Are you aware of:

• Having any traits or tendencies that could pose any threat to children, youth, or others? _____ Yes _____ No

• Any reason why you should not work with children, youth, or others? _____ Yes _____ No

If the answer to any of these questions is “yes,” please explain in detail: _____

(Please attach additional pages if more space is needed)

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Sample Camp Worker Renewal Verification and Release Volunteers and Employees

I recognize that (**name of organization**) is relying on the accuracy of the information I provide on the *Worker Renewal Application* form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I voluntarily release the organization and any such person or entity listed on the *Worker Renewal Application* form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of the organization, and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Printed name: _____

Signature: _____ Date: _____

(Please read this document carefully before you sign it.)

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Sample Camp Reference Response Information

To: _____
Name of Camp

From: _____
Address

Subject: _____
Name of Camp 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 camp 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 or youth at our camp?
Yes _____ No _____ (If no, please explain below)

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

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 below)

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, address)
Thank you.

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Sample Notice of Injury

Whenever possible, take photographs of the injury and maintain them with this form.

Organization	Name: _____ Address: _____
Time and Place of Injury	Date of Injury: _____ Time: _____ AM 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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Sample Activity Participation Agreement

This specimen agreement should be reviewed and approved by your attorney before use.

Activity Information *(To be completed by the activity sponsor)*

Name of sponsoring organization: _____

Address: _____ Telephone: _____

Name of sponsor's coordinator: _____ Telephone: _____

Description of activity: _____

Date(s) and location of activity: _____

Participant Information *(To be completed by participant or authorized guardian)*

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone (daytime): _____ Telephone (evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and/or ALL parents/guardians if participant is a minor)

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Notes

A series of horizontal dotted lines for writing notes.