

GUIDELINES FOR SCHOOL MINISTRIES

PROVIDING A SAFE, SECURE ENVIRONMENT FOR STUDENTS



Important Information

The information in this publication is intended to help school ministry leaders develop an employee and volunteer screening program for their school 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 school 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 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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Sample Guidelines for Schools

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

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

Screening Procedures

1. Prior to consideration, all candidates seeking a staff position at our school will complete and return an initial staff application.
2. The principal will carefully review the applications, ensuring that each candidate is an appropriate match for the position. The principal 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 principal will check at least two references to confirm the candidate’s information on the initial staff application. The principal 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 (candidates with a prior history of committing or attempting physical or sexual abuse) will be removed immediately from consideration for any position with the school.

Supervision

1. The school will provide the same level of student supervision required by the public school district in which it is located.

2. Whenever practical, at least two adult staff members will be present at every school activity involving minor students. When this is not consistent with essential school operations (for example, periods of instruction when staffing limitations will not allow for two adults per classroom), a lone staff member will never be alone with a single student. 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 student being supervised.
3. Every reasonable effort will be made to maintain appropriate staff-to-student ratios. Appropriate staff-to-student ratios are determined by recommendations from relevant state agencies. The staff-to-student ratio will never be 1-to-1.
4. During normal periods of instruction, the principal will ensure that random patrolling of hallways, restrooms, and common areas is conducted.
5. The school will release students only to parents or as directed by parents in writing. Students who are not driving themselves will only be released to their parents or a driver designated by their parents in writing. Parents who authorize their students to drive themselves must sign an appropriate acknowledgement and waiver before the school will allow the students to drive themselves. Parents whose students will be using a bus service provided by the school must sign an appropriate acknowledgement and waiver before the student will be allowed to ride the bus. Students riding the bus will be dropped off at their home address unless the student’s parents have indicated another drop-off location in writing. Parental written approval also will be required before students are allowed to drive themselves to lunch away from the school or for appointments that may be scheduled during school hours.

Counseling

When practical, individual students 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, the student will be referred to a qualified professional counselor.

Work Restrictions

Staff members will not participate in public displays of affection (kissing, hugging, etc.) while at the school. The use of tobacco, alcohol, or illegal drugs is prohibited at school. Staff members and students will disclose to the principal 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 principal.

Discipline

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

Injuries or Illness

1. Staff members and students who are ill will be separated from students to the extent practical and/or sent to the school infirmary.
2. Parents of ill or injured students will be contacted to determine whether or not the student will remain at the school.
3. Designated staff members 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 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 students.
5. When an injury is obviously minor (cuts, scrapes, etc.), first aid will be provided, as needed, at the time of the injury. The student's parents or guardians will be notified of the injury and treatment when they pick up the student. If the student is released to the bus or to a properly authorized person, a written notification

of the injury and treatment will be sent home with the student and a copy mailed to the student's address of record.

6. In the event of an injury untreatable by simple first aid, staff members will seek appropriate medical attention immediately. The parents or guardians will be immediately notified.

Record Keeping

1. Records will be maintained for all students and staff members. All school records will be maintained by the principal for an appropriate length of time as directed by the school's attorney.
2. The principal will prepare a written Notice of Injury or Disciplinary Action Report whenever an injury or disciplinary action occurs during school activities. The principal will include the report in school records for an appropriate length of time.
3. The principal 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. The principal will be immediately informed of any injury, abuse, or molestation known or suspected by any staff member or student. The principal 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, the principal will implement the following procedure:
FIRST, the principal will contact the school's 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, the principal will not notify the student's parents or guardians until after receiving a written legal opinion from the school's attorney. Regardless of the nature of the allegations, the principal will obtain a written legal opinion from the school's attorney within 24 hours of the allegation.

SECOND, the principal will contact the student's parents or guardians explaining the allegations and the facts available at that time,

unless otherwise advised by the school's attorney.

THIRD, after receiving a written legal opinion from the school's attorney, the principal will follow the advice of the school's attorney regarding whether or not law enforcement or other government officials must be contacted.

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

FIFTH, the principal will conduct an internal investigation into the circumstances of the alleged abuse or molestation. Staff members who are the subject of any investigation into 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 school. Any staff member found to have engaged in abuse or molestation will be permanently removed from their duties within the school. The principal will obtain a written opinion from legal counsel whenever an internal investigation results in the termination of a staff member's employment.

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

Dealing With Law Enforcement and News Media

1. The school will cooperate with law enforcement and other government officials in accordance with the guidance of the school's attorney. Staff members will cooperate with law enforcement and other government officials as directed by the principal.
2. The principal will communicate with members of the news media in accordance with the guidance of the school'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 school.

3. The principal will designate a spokesperson who 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 school's spokesperson will work closely with the school's attorney and the principal, if the spokesperson is not the principal, when performing these duties.

Violation of Policy or Procedures

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

Annual Review

1. The school will review this policy and its procedures at least once each year. The school will consult with an attorney in identifying policies and procedures that require modification. When reviewing this policy and its procedures, the school and legal counsel will examine potential conflicts between this policy and the by-laws or other governing documents of the school.
2. Upon completion of this review, the school will conduct annual training for all staff members to familiarize them with the policy.
3. Staff members previously screened by the school will submit an annual renewal form updating the information in their personal record.
4. Staff members found unsuitable for continued work at the school 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 with the school.

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 School Screening Policy

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

	YES	NO
a. Do you screen all employees, including staff, whether or not they will work with children and youth?		
b. Do you screen volunteer 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 employee and volunteer worker on a one-year to three-year basis?		
f. Do you currently have a written child abuse prevention policy for your school?		
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 school workers?		
j. Have you developed and implemented a communication plan to meet your ongoing need to inform staff and other members of your school's workforce?		
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 school-specific risk exposures?		
m. Do you regularly review your program and make changes when needed?		

Sample Forms

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The sample forms included in this packet are intended to be used as a starting point for your school screening program. 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 School Work Application

Volunteers and Employees

Personal

Name: _____

Daytime telephone: _____

Address: _____

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

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

What skills would you bring to the program? _____

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

Organization

Program

Dates

Contact

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

At any time, have you 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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School, Church, or Ministry Activity

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

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

References (Please provide two references, both of which are not related to you.)

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

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Sample School 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 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 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 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 School Worker Renewal Application

Volunteers and Employees

Name: _____ Daytime telephone: _____

Address: _____

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

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

In what other school 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 School 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 School Reference Response Information

To: _____
Name of School

From: _____
Address

Subject: _____
Name of School Worker Candidate

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

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

1. How long have you known the 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 school?

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 school?

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 school, individual, address)

Thank you.

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M220 (10/09)

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: ___ Member ___ Visitor ___ Volunteer ___ Employee ___ Student ___ Tenant/Resident ___ 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? ___ Yes ___ 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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M109 (10/06)

Sample Activity Participation Agreement

This specimen agreement should be reviewed and approved by your attorney prior to 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.

Sample Form

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

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Notes

A series of horizontal dotted lines for writing notes.

