



# **Policy for Protection of Children, Youth and Other Vulnerable People in the Evangelical Lutheran Church in Canada**

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## Protection of Children, Youth and Other Vulnerable People

### Volunteer Ministry Covenant (Document A)

Rejoicing in my baptism and celebrating God's grace and gifts in my life, I resolve to minister within the community of (NAME OF CONGREGATION, MINISTRY, OFFICE) OF THE EVANGELICAL LUTHERAN CHURCH IN CANADA as a servant of Jesus Christ as follows:

- I. I will support the witness of the church:
  - o by regular attendance at worship;
  - o by living a godly life;
  - o by giving regularly.
- II. I will serve the ministry of (NAME OF CONGREGATION, MINISTRY, OFFICE):
  - o by seeking to discover and nurturing my gifts and talents;
  - o by fulfilling the duties of my ministry to the best of my ability;
  - o by participating in training as I am given opportunity;
  - o by serving in partnership with others in the (Name of congregation, ministry, office) community
  - o by supporting and affirming the gifts and ministries of others.
- III. I will share in the growth of (NAME OF CONGREGATION, MINISTRY, OFFICE):
  - o by praying for our congregation/ministry/office and for our community;
  - o by inviting those without a church home into our ministry;
  - o by warmly welcoming those who visit.
- IV. I will build-up the community of (NAME OF CONGREGATION, MINISTRY, OFFICE):
  - o by acting in love toward others;
  - o by holding others in high regard;
  - o by working cooperatively with others.

I have read and become familiar with the *Policy to Protect Children, Youth and Other Vulnerable People in the ELCIC*.

I understand that (NAME OF CONGREGATION, MISSION OR OFFICE) of the Evangelical Lutheran Church in Canada is responsible for the well-being of all children, youth and other vulnerable people entrusted to our care.

I will endeavour to minister to the best of my ability and to cooperate fully with (NAME OF CONGREGATION, MISSION, OFFICE)'s staff in the exercise of my ministry.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(NAME OF CONGREGATION, MINISTRY OR OFFICE)

## Protection of Children, Youth and Other Vulnerable People

### Volunteer Application Form (Document B)

(For Ministries with Children, Youth and Other Vulnerable People)

The following information is necessary to help reduce the risk of abuse and to protect children, youth and volunteers. Thank you for your interest in ministry and your understanding.

#### Personal Information

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Are you under the age of 18?

Yes

No

How long have you been a member or an active participant of (Name of Congregation, Ministry, Office) of the Evangelical Lutheran Church in Canada?

Previous church membership \_\_\_\_\_

Do you have any physical conditions that would prevent you from performing certain types of activities (lifting children, playing sports...)? If so, please explain.

Education/Employment/Skills \_\_\_\_\_

High School \_\_\_\_\_

College/University \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Skills \_\_\_\_\_

Do you have

CPR training

First-Aid Training

Other \_\_\_\_\_

Training received or courses taken that would assist you for ministry with children, youth or other vulnerable people.

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### Conviction for a Criminal Offense

Answering "yes" to the following question will not necessarily preclude your involvement in volunteer ministry. A meeting will be arranged with the pastor/manager/director to discuss the circumstances.

Have you ever been convicted of a criminal offense for which a pardon has not been granted?

Yes

No

### Volunteer Experience

Description of volunteer experience:

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### Volunteer Ministries in Which You Are Interested

Please list the volunteer ministry(ies) in which you are interested:

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### References

Please provide the names of three individuals (not relatives) who have known you for five years or more and who can provide a reference for you. If you are under the age of 18, you may use the name of a parent and/or teacher. If possible, please include at least one reference from someone at (NAME OF CONGREGATION, MINISTRY, OFFICE). All people listed as references should be informed of that you have so listed them. References that are acceptable are limited to the following:

Former or present pastor;  
Long-time friend (minimum of 5 years);  
One parent (for minors);  
Teacher (for minors);  
ELCIC member (who has sufficient strength of relationship to comment on the individual's personal habits and character);  
Employer or colleague.

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

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

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

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

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

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

#### Applicant's Statement

I hereby acknowledge that the information contained in this VOLUNTEER APPLICATION FORM is correct to the best of my knowledge. I authorize any people listed as references to provide any information they may have regarding my character and fitness for ministry.

I will provide (NAME OF CONGREGATION, MINISTRY, OFFICE) with the results of a *police records* check if one is required.

I agree to adhere to the guidelines contained in the *Policy to Protect Children, Youth and Other Vulnerable People in the ELCIC*.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(NAME OF CONGREGATION, MINISTRY OR OFFICE)

## **Protection of Children, Youth and Other Vulnerable People**

### **Volunteer Interview Form (Document C)**

NOTE: A completed VOLUNTEER APPLICATION FORM ([Document B](#)) must be in hand prior to the interview. If the applicant has marked "yes" in connection with Conviction for a Criminal Offense, the applicant should be referred to the pastor/manager/director.

Name of Applicant

1. Tell me about your experience with volunteer ministry at (Name of Congregation, Ministry, Office) (joys, sorrows, insights, etc.).
2. Tell me about your experience with volunteering in other settings (joys, sorrows, insights, etc.).
3. Describe your interest in the volunteer ministry(ies) you have indicated.
4. Would you be willing to attend a training session associated with that ministry?
5. When would you be available for this volunteer ministry (days and times)?
6. What is the minimum length of your commitment?
7. What is your understanding of why we require training about abuse, an interview and references?
8. Do you have any questions about anything in the Policy to Protect Children, Youth and Other Vulnerable People in the ELCIC?
9. Have you had any personal experience with abuse? If so, how was it handled?
10. If you had reason to believe that a child, youth or other vulnerable person were being abused, what would you do?

11. What do you consider to be an appropriate show of affection with a child? ...a youth?

12. Do you have any further questions?

Signature of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

(NAME OF CONGREGATION, MINISTRY OR OFFICE)

**Protection of Children, Youth and Other Vulnerable People**

**Volunteer References Verification Form (Document D)**

Reference Contacted: \_\_\_\_\_

Method of contact

phone   
letter   
face-to-face conversation

Detail

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Reference Contacted: \_\_\_\_\_

Method of contact

phone   
letter   
face-to-face conversation

Detail

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Reference Contacted: \_\_\_\_\_

Method of contact

phone   
letter   
face-to-face conversation

Detail

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Recommendation \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(NAME OF CONGREGATION, MINISTRY OR OFFICE)



## **Protection of Children, Youth and Other Vulnerable People**

### **Volunteer Reference Verification Script (Document E)**

#### Church reference

Hello, this is name from (Name of Congregation, Ministry, Office).

As with many churches and community organizations today, our church has a screening process for all persons who volunteer to work with children, youth or other vulnerable people.

I am calling you because applicant indicated in his/her application that he/she taught Sunday School / led a youth group / helped with your children's program...

1. Can you verify this information?
2. I am calling you because applicant listed you as a personal reference.
3. How long have you known him/her?
4. Would you please comment on his/her personality and leadership ability?
5. Do you have any reservations about Name's working with children, youth or other vulnerable people?
6. Is there anything you would care to add?

## Personal Reference

Hello, this is name from (Name of Congregation, Ministry, Office).

As with many churches and community organizations today, our church has a screening process for all persons who volunteer to work with children, youth or other vulnerable people..

I am calling you because applicant listed you as a personal reference.

How long have you known him/her?

1. Can you verify this information?
2. I am calling you because applicant listed you as a personal reference.
3. How long have you known him/her?
4. Would you please comment on his/her personality and leadership ability?
5. Do you have any reservations about Name's working with children, youth or other vulnerable people?
6. Is there anything you would care to add?

Thank you very much for your help.



## Protection of Children, Youth and Other Vulnerable People

### Volunteer Approval Form (Document F)

**Applicant's Name:** \_\_\_\_\_

Introductory Session on the *Policy to Protect Children, Youth and Other Vulnerable People in the ELCIC.*

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

VOLUNTEER MINISTRY COVENANT ([Document A](#)) signed.

VOLUNTEER APPLICATION FORM ([Document B](#)) completed and signed.

VOLUNTEER INTERVIEW FORM ([Document C](#)) completed and signed.

VOLUNTEER REFERENCES VERIFICATION FORM ([Document D](#)) completed and signed.

Police records check (if required) completed by authorities and report received from applicant.

Notes: \_\_\_\_\_

The applicant is approved to serve in ministries involving children, youth or other vulnerable people at (NAME OF CONGREGATION, MINISTRY OR OFFICE).

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

(NAME OF CONGREGATION, MINISTRY OR OFFICE)

**Protection of Children, Youth and Other Vulnerable People**

**Activity Permission Form (Document G)**

For the year September 1, \_\_\_\_\_ to August 31, \_\_\_\_\_

Name of Child: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Name(s) of Parent(s) or Guardian(s)

\_\_\_\_\_

Alternate Person to Contact in Emergency: \_\_\_\_\_

Relationship to child/youth: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for the child/youth/vulnerable person named above to participate in field trips, retreats, camps and any other off-site activities that are sponsored by (NAME OF CONGREGATION, MINISTRY, OFFICE) and which are offered as part of (Name of Congregation, Ministry, Office)'s Sunday Church School, Confirmation Ministry program (including (Name of Congregation)'s Mentoring program), (Name of Congregation) Youth Group activities or other ministries.

On occasions when I cannot provide transportation myself, I consent to my child being driven to and from these activities by an adult member of (Name of Congregation, Ministry, Office).

I understand that (NAME OF CONGREGATION, MINISTRY, OFFICE) will do its best to follow the guidelines set out in *Policy to Protect Children, Youth and Other Vulnerable People in the ELCIC* which is intended for the health, safety and protection of the children, youth, other vulnerable people and the volunteers of (Name of Congregation, Ministry, Office).

Parent or Guardian's

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

(NAME OF CONGREGATION, MINISTRY OR OFFICE)

**Protection of Children, Youth and Other Vulnerable People**

**Medical Permission Form (Document H)**

For the year September 1, \_\_\_\_\_ to August 31, \_\_\_\_\_

Name of Child/Youth/Vulnerable Person: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Provincial Health Insurance Number: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Does your child have any severe or life-threatening allergies? (eg. bee stings, food, penicillin or other drugs, etc.)

Yes  No  Detail: \_\_\_\_\_

Does your child use or carry any medications? (eg. antibiotic, ventilator, epi-pen, etc.)

Yes  No  Detail: \_\_\_\_\_

Does your child have any physical, emotional, cognitive or behavioural concerns or limitations?

Yes  No  Detail: \_\_\_\_\_

Does your child have any medical conditions of which we should be aware?

Yes  No  Detail: \_\_\_\_\_

In the event of accident, sickness or other medical emergency, I hereby authorize (NAME OF CONGREGATION, MINISTRY, OFFICE) to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly and that parents or guardians will be notified at the earliest possible opportunity.

In the event of accident, sickness or other medical emergency, (NAME OF CONGREGATION, MINISTRY, OFFICE), its pastor, staff and volunteers are hereby released from any liability.

Parent or Guardian's

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

(NAME OF CONGREGATION, MINISTRY OR OFFICE)

**Protection of Children, Youth and Other Vulnerable People**

**Suspected Abuse Report Form (Document I)**

This form is to be completed by a pastor, manager or director.

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

Name of Victim: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name of Person Filing Report: \_\_\_\_\_

Name of Person Receiving Report: \_\_\_\_\_

Nature of Suspected Abuse (physical, sexual, emotional, neglect) : \_\_\_\_\_

\_\_\_\_\_

Indications of Suspected Abuse (facts, physical signs, course of events...): \_\_\_\_\_

\_\_\_\_\_

Action Taken (include date and time) : \_\_\_\_\_

\_\_\_\_\_

The above information will serve as a guide and will be necessary if a report is filed with the police and/or the appropriate authorities. All information is kept *strictly confidential*.

Signature of person reporting: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor/director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(NAME OF CONGREGATION, MINISTRY OR OFFICE)

**Protection of Children, Youth and Other Vulnerable People**  
**Suspected Abuse Follow-Up Report Form (Document J)**

This form is to be completed by a pastor/manager/director.

Name of Victim: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name of Person Who Filed Initial Report: \_\_\_\_\_

Name of Person Receiving Report: \_\_\_\_\_

Conclusions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken (include date and time): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above information will serve as a guide and will be necessary if a report is filed with the police and/or the appropriate authorities. All information is kept *strictly confidential*.

Pastor's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(NAME OF CONGREGATION, MINISTRY OR OFFICE)

## **Protection of Children, Youth and Other Vulnerable People**

### **Mentor—Youth Boundaries Form (Document K)**

This form is to be completed by a parent or guardian in families participating in (Name of Congregation)'s mentoring program.

The *Policy to Protect Children, Youth and Other Vulnerable People in the ELCIC* offers the following in connection with the mentor—youth relationship:

To the extent possible, meet in such public environments as Tim Horton's, a park setting, a congregational Fellowship Room, a community centre, etc.

Consider meeting in a group with one or more fellow mentors and youth.

Always obtain parental permission to transport youth or to be alone with them.

Observe the guidelines for proper display of affection.

When in doubt, confer with the pastor.

Our family is comfortable having our child...

meet with his/her mentor at the church

meet with his/her mentor in a public venue (park, McDonalds, Tim Hortons, etc.)

visit our child's public/school activities (hockey game, dance competition, etc.)

meet with his/her mentor in our family home

meet with his/her mentor in the mentor's home

Child's Name: \_\_\_\_\_

Parent or Guardian's

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

(NAME OF CONGREGATION)