

# **Bibb Mount Zion Baptist Church**

## **Safe Sanctuary Policies Manual**



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## INTRODUCTION

As a community of faith committed to following Jesus Christ, we strive to extend a heart felt, warm welcome to all who enter our doors and to treat them with the love and dignity that God bestows upon each and every one of us. We want to provide a safe and secure environment for all.

The Bibb Mount Zion Church (BMZ) family wants people of all ages to grow in their relationship with God and feel safe, secure, and free to do so. We're committed to providing a safe and secure environment for all who participate in ministries and activities sponsored by the church. We implement this policy to protect children, youth and volunteers from all forms of abuse and/or harassment and demonstrate our unwavering commitment to physical safety, mental well-being, and spiritual growth.

The document is meant to be a living document that may be amended over time as new issues arise.

## PURPOSE

- To provide policy and procedures specifically designed to protect children (birth - 4<sup>th</sup> grade), youth (grades 5 - 19), and adults, church staff, and volunteers associated with the ministries of the church.
- To establish appropriate ways of responding to alleged, reported, or suspected incidents of abuse.
- To be in a compassionate ministry with all affected persons - the alleged victim, the alleged victim's family, the accused, the accused's family, and the church family, for all cases of reported abuse, whether substantiated or not.

## What is safety?

Safety is defined in Webster's Dictionary as the condition of being protected from or unlikely to cause danger, risk, or injury.

**Spiritual safety** is the freedom to spiritually express oneself, while being treated with respect, without fear of being punished, judged and/or coerced. People's beliefs are treated respectfully

**Emotional safety** is the freedom to express oneself emotionally, while being treated with kindness and civility, without being personally attached and ridiculed.

## Physical safety

- Facilities are clean and well lit
- Weapons are not freely allowed on the premises
- Exits are clearly marked and free of debris
- Fire alarms are kept in working order
- Electrical sockets are in proper working order
- Food preparation areas are clean and health department guidelines for food preparation are followed



## PREVENTION REQUIRED CHECKLIST

### Safe Sanctuaries Policy Requirements for Employees and Volunteers

	Group 1	Group 2	Group 3	Group 4
Applies to:	1. All prospective employees 2. All Volunteers who may be alone with children or youth 3. All volunteers working with vulnerable adults 4. All ministry Leaders	1. Occasional volunteers who are not scheduled to be alone with children or youth	1. Parents/Guardians attending functions with their child(ren) 2. Church members assisting in large-group settings who will not be working alone with children 3. Unplanned guests or assistants in large-group settings who will not be alone with children	Volunteers for a single event from other churches
Application Form Required	Employee or Volunteer Application (which includes references)	Volunteer Application (which includes references)	None	None
Person must have been a member or active participant of Bibb Mount Zion Baptist Church for at least 6 months <sup>1</sup>	Yes	No	No	No
Norred Criminal Background Check Required	Yes	No	No	No
Read, Sign, & Agree to Follow Safe Sanctuaries Policy (SSP)	Yes	Yes	No	Yes
Training on SSP Required within 30 days of start date	Yes	Recommended	No	No
SSP Training Completion Form signed	Yes	If training completed	No	No

<sup>1</sup> If a volunteer has not been actively involved at Bibb Mount Zion Baptist Church for at least 6 months, volunteer must have written recommendation from volunteer's previous pastor, and Bibb Mount Zion Baptist Church designated employee must confirm pastoral reference via telephone and/or email.

<sup>2</sup> Background check must be renewed every 2 years. If an employee or volunteer has had a FBI background check within the past three years and a copy of the official report is given to the church, a Norred background check will not be required.



### **Criminal Background Checks**

1. Information of when and where background checks may be done, will be given to each staff member and volunteers needing a background check. Bibb Mount Zion Baptist Church will pay the fees for the background check. Any contributions will be gratefully accepted to defray the cost.
2. All information gathered from background checks will be retained in a locked file in a secure location.
3. If a person is found to have been involved in any activity in which he/she has abused or exploited children or youth, he/she will not be hired or serve as a volunteer in any church sponsored activity or program for minors. Any conviction of a crime against children or youth shall disqualify the person.
4. Adult volunteers who have not continued to be members of our church community and/or worked with children/youth for 24 months shall need to redo the application, background check, and fingerprinting process.
5. A complete up-to-date list of all volunteers will be maintained by the Secretary.

### **Training**

Training for the Safe Sanctuaries Policy will include how to recognize child abuse, learning how to report/complete forms, how to respond to potential child abuse, etc. Persons required to have the training must renew their training at least every 3 years. Training will be handled by a designated staff member and/or ministry leader. Several dates for the training will be offered. New employees will take part in training within 30 days of employment. Volunteers will take part on an as needed basis.

### **Hosting Outside Agencies**

When the BMZ facility is used to host an outside program or agency on a regular basis (i.e., after-school, summer camps, sporting activities), it is the primary responsibility of that agency to train and authorize its leaders and provide information as to their credibility at our request. Any leaders assigned as part of a recognized organization including the church outreach ministry, Next Level Community Development Center, must become part of the entire Safe Sanctuaries Policy. All information gathered will be retained in a locked file in a secure location. All leaders must be given a copy of our Safe Sanctuaries Policy, and it is our expectation that the leaders are knowledgeable of and follow the guidelines of the policy and work in concert with that policy. All leaders must also fill out the "Non BMZ Group Form" and have it on file at the church. Any incident involving a leader must be reported to BMZ officials.

### **Volunteers from Other Churches**

Volunteers from other churches involved in an occasional event hosted by BMZ must have on file the signed form indicating the policy has been read and is understood.



### **Three-Month Rule**

In order to volunteer with our BMZ children's or youth ministries, a person must have been a member or an active participant at BMZ for at least 3 months. If a person has been a member or active participant for less than 3 months and wishes to volunteer with BMZ children's or youth ministries, BMZ must have the written recommendation of his/her previous pastor, and the BMZ designated staff member and/or ministry leader must have a conversation with that previous pastor via telephone and/or email to confirm that personal reference.

Parents/Guardians of involved youth who do not attend BMZ may participate for a probationary period of 3 months. He/She must complete the Volunteer/Staff Application, attend a training session, be made familiar with the entire Safe Sanctuaries Policy, and have a criminal background check and fingerprinting. He/She will be supervised by and serve with a minimum of 1 other checked adults during the training period.

### **Age Requirements for Young Adult Leaders**

Young adults who wish to be youth leaders must be at least 18 years of age, have graduated from high school, be 5 years older than the youth with whom he/she is working.

Young adults who are less than 5 years older than the youth with whom he/she is working, but who wish to be youth volunteers must be 18 years of age, have graduated from high school, and be under the direct supervision of the Youth Pastor and/or Youth Director.

### **Two-Adult Rule**

Two (2) adults should be assigned to all child/youth activities. The exceptions are as follows:

- a. Youth small groups will be permitted to have only one adult, helping to keep the integrity and purpose of the small group, but the adult leader of each must have had a background check.
- b. Youth Sunday School Classes (Middle & High) may have one adult in classroom - but that adult must have had a background check and fingerprinting.
- c. If there are not 2 adults in a room with children/youth, and there is no window in the door, the door must remain cracked at all times. Windows in doors must stay uncovered and closed.
- d. Nursery on Sunday mornings and at special services will follow the two-person rule whenever possible, and all adult caregivers must have a background check and fingerprinting. Youth helpers may assist in the nursery at any service, but must be in the room with the specified adult, not alone with the children.
- e. Small Group Babysitting may be provided by sitters who are under 21 years old, but those who are ages 15-17 must be trained through the CPR/First Aid class. If the sitters are less than 18 years old, there must be 2 present at all times, in addition to at least 1 adult who has had a background check.
- f. If a child needs to talk privately with someone, a member of the ministerial department may serve as a confidential advisor. The door will be kept open of the room where they meet, and if at all possible, another adult will be present in the building. If the child indicates he/she may harm himself or others, the ministerial staff will contact (or help the child contact) the parents and/or proper authorities, as needed.



g. At such times when circumstances dictate that a meeting with a child or youth is most effective on a one-on-one basis, a church staff person or volunteer may meet individually with the child or youth. The adult must have had a Norred background check. It is important to protect and help the child or youth, protect the staff member/volunteer, and maintain a relationship with the child or youth and family. Requirements for a one-on-one meeting:

1. Previous written consent: Parents of the child or youth will have the opportunity to give consent for church staff/volunteers to speak individually with their child or youth.
2. Location: One-on-one meetings should ideally occur in a public place with another adult present. If the meeting is held at the church, and there is no window in the door to the room, the door must remain open at all times. If possible doors should always remain open. Windows in doors must stay uncovered. Another adult must be present in the building.
3. Notification to parents: Appropriate protocol will be followed involving the parent or legal guardian. The Pastor will be consulted to determine the point at which the parents or legal guardians should be notified.

h. Dismissal from Group Events: It may be inevitable that one child or youth's transportation from an event arrives after all other children/youth have departed. In this situation a child or youth may be in the individual presence of an adult. Because this may be unavoidable, the adult is responsible for exercising his/her best judgment for the child or youth's well being. The person waiting with the child/youth is to be a person who has had a norred background check except in case of an unusual situation or emergency arises. If the parent/guardian does not arrive in an appropriate amount of time, follow these steps in order until resolved:

1. Call the parent's or guardian's home phone number.
2. Call the parent's or guardian's cell phone number if available.
3. Call the Emergency Contact.
4. Wait at the church with the youth/child either outside or on the inside by the front glass doors until the parent/guardian or Emergency Contact arrives.

i. In emergency situations not covered elsewhere in this policy: When one person is transporting a youth/child, the youth/child is to be seated in the rear seat. The person transporting is to be a person who has had a norred background check. Before leaving to take youth/child home the person driving is to call the home to let parents or guardians know that they are headed there and tell the approximate arrival time. If there is no answer at the home, take the following steps in order until resolved:

1. Call the parent or guardian's cell phone number if available.
2. Call the Emergency Contact and take the youth/child there. Leave a note for the parents/guardians on the glass front doors of the church.
3. Wait at the church with the youth/child either outside or inside by the front glass doors until the parent/guardian or Emergency Contact arrives.



## **Overnight Events**

Two or more adults must be present for overnight events and events away from BMZ facilities. If an overnight event involves both boys and girls, a male adult and female adult must be present.

## **Transportation**

1. An authorized driver must be at least 25 years old, and his/her vehicle must be covered by adequate insurance.
2. Any adult who transports children and/or adults with special needs must be a safe driver and have proper credentials in his/her state of residence (including no DUI's or excessive number of speeding tickets).
3. Each passenger must have a seat belt; use of them must be enforced.
4. When traveling in a group, at least one person in each car must have a cell phone. This is to communicate with each other in case of emergency or in case someone gets lost. The driver of the vehicle shall NOT use the phone while driving.
5. When transporting children and/or adults with special needs, the driver or drivers must take a copy of the signed permission slips for each person in his/her vehicle.
6. If only one adult is driving a child/children or adults with special needs, they should all meet at the church, travel together, and return to the church—where parents or guardians will pick them up.
7. There should be enough space for the passengers to be reasonably comfortable with adequate numbers of seatbelts and for all the luggage and equipment.
8. The driver of each vehicle should take a map and/or good directions.
9. Drivers are not allowed to use cell phones while transporting child/children.

## **Parental Permission**

Written parental permission is required for scheduled off-church property activities, retreats, overnights, etc. Children in a sitter's care are never to be taken out of the church building without the parent's permission.

A BMZ Information/Permission Form is to be completed and kept on file for 1 year for a child when that child is to be off BMZ property. The original copy will be kept in the church office.

## **Displays of Affection**

Displays of affection (hugs, etc.) show our love and concern; however, should only be done in public areas with other adults present.

## **Dealing with an Unruly Child**

Certain standards of behavior must be observed for the protection of person and property. Corporal punishment, physical or verbal, is strictly forbidden. Suggestions for handling a child who is unwilling or incapable of following the rules are:

- a. Redirection---attempt to redirect the child into an acceptable form of behavior (i.e. "I need a helper," "Please come and sit beside me.")
- b. Quiet Time---Place the child in a chair and explain that we do not allow this kind of behavior, and they should sit and think about the right kind of behavior. (1 minute for each year of age.)



- c. Proximity---Stand or sit near the child.
- d. In cases of smaller children, ask the parents to sit in the class for a week or two.
- e. Contact parents---If the previous suggestions have not worked with the child and the unacceptable behavior continues, the parents should be contacted or the child should be taken to the parents. Discuss the behavior with the parents, but do not attempt to give your opinion of why their child misbehaves or how you think they should handle the child. ONLY tell the parents what happened (e.g. Tony was hitting today) and ask them how they would prefer you handle the behavior.
- f. If disruptive behavior continues, a meeting should be held with the pastor and parents before the child can return to the room.
- g. Always recognize positive behavior and be sure to share this with the parents.

#### **Check-In and Dismissal Policy for Nursery and Sunday School (age: birth through grade 4)**

Parents of children in the nursery or Sunday school, birth through grade 4, are asked to sign children in when dropping them off, and sign them out when picking them up. If anyone other than the parent is to pick up a child that arrangement must be made with the teacher or care provider ahead of time. Parents or the designated person are expected to be prompt in picking up their children. When signing-in children, parents should note on the registration sheet emergency contact information and any food allergies the children have.

#### **Annual Review**

The BMZ leadership team will annually review this policy and update and revise it as deemed necessary.



## **REPORTING INJURIES/ACCIDENTS**

An incident/injury report will be completed if any of the following occur: the child has an illness, accident, or injury which requires first aid; the child receives a bump to the head; the child has to be transported by the emergency squad; or an unusual or unexpected event occurs which jeopardizes the safety of the child. If a child requires emergency transportation, the report shall be available within 24 hours after the incident occurs.

In case of severe injury, call 911, and contact parents immediately. All injury and accident reports must be kept for a period of 3 years.

- a. Injuries or accidents should be reported to the Pastor, Youth Director, Preschool or person in charge.
- b. Incident Forms will be made available in the secretary's office.

## **FORMS & INFORMATION**

An example of each form associated with this Safe Sanctuaries Policy is attached at the end of this packet. The church office has sufficient quantities of all forms and checklists for employees and volunteers.

## **RESPONSE TEAM**

The Pastor will be responsible for making decisions as needed to assist in child, youth, and adult abuse situations. The Pastor will form a Response Team of the necessary following persons: Pastor, Youth Pastor, Youth Director, and the appropriate age-level ministry worker.

## **RESPONSE TEAM TASKS**

If the "prevention" portion of our Policy is followed, many potential instances of child, youth and adult abuse will be eliminated. However, some instances might occur. We must respond expeditiously and with compassion and care to the victim and the victim's family/guardian(s), to the local church community, to the larger community, and to the alleged offender in these cases. The primary objectives of this "response" are the prevention of any further abuse by the alleged offender and personal and communal healing. Each case of child, youth and adult abuse is unique, thus some flexibility in applying the policy is allowed to those responsible for implementing it (Pastor and the Safe Sanctuaries Team when deemed necessary by the Pastor), especially when incidents are reported many years after they occurred.

Whenever abuse occurs, the victim and victim's family/guardian(s) experience trauma and anger. It is essential that effective, immediate and compassionate care be provided to these individuals as the procedures below are completed. Responsibility for this care will fall to those on the local level, especially the victim's Pastor (and if needed the Safe Sanctuaries Team). Care should be taken to consult with the civil agency or agencies that are investigating and responding to the reported incident.



## Georgia Code

§ 19-7-5. Reporting of child abuse; when mandated or authorized; content of report; to whom made; immunity from liability; report based upon privileged communication; penalty for failure to report

(a) The purpose of this Code section is to provide for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection. It is intended that the mandatory reporting of such cases will cause the protective services of the state to be brought to bear on the situation in an effort to prevent further abuses, to protect and enhance the welfare of these children, and to preserve family life wherever possible. This Code section shall be liberally construed so as to carry out the purposes thereof.

(b) As used in this Code section, the term: (1) "Abused" means subjected to child abuse. (2) "Child" means any person under 18 years of age. (3) "Child abuse" means:

(A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means; provided, however, physical forms of discipline may be used as long as there is no physical injury to the child;

(B) Neglect or exploitation of a child by a parent or caretaker thereof; (C) Sexual abuse of a child; or (D) Sexual exploitation of a child.

However, no child who in good faith is being treated solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall, for that reason alone, be considered to be an "abused" child.

(3.1) "Sexual abuse" means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not that person's spouse to engage in any act which involves:

(A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;

(B) Bestiality;

(C) Masturbation;

(D) Lewd exhibition of the genitals or pubic area of any person;

(E) Flagellation or torture by or upon a person who is nude;

(F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;

(G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;



(H) Defecation or urination for the purpose of sexual stimulation; or

(I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

"Sexual abuse" shall not include consensual sex acts involving persons of the opposite sex when the sex acts are between minors or between a minor and an adult who is not more than five years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

(4) "Sexual exploitation" means conduct by any person who allows, permits, encourages, or requires that child to engage in:

(A) Prostitution, as defined in Code Section 16-6-9; or

(B) Sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, as defined in Code Section 16-12-100.

(c)(1) The following persons having reasonable cause to believe that a child has been abused shall report or cause reports of that abuse to be made as provided in this Code section:

(A) Physicians licensed to practice medicine, interns, or residents;

(B) Hospital or medical personnel;

(C) Dentists;

(D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;

(E) Podiatrists;

(F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 24 of Title 43;

(G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;

(H) School teachers;

(I) School administrators;

(J) School guidance counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;

(K) Child welfare agency personnel, as that agency is defined pursuant to Code Section 49-5-12;

(L) Child-counseling personnel; (M) Child service organization personnel; or (N) Law enforcement personnel.



(2) If a person is required to report abuse pursuant to this subsection because that person attends to a child pursuant to such person's duties as a member of the staff of a hospital, school, social agency, or similar facility, that person shall notify the person in charge of the facility, or the designated delegate thereof, and the person so notified shall report or cause a report to be made in accordance with this Code section. A staff member who makes a report to the person designated pursuant to this paragraph shall be deemed to have fully complied with this subsection. Under no circumstances shall any person in charge of such hospital, school, agency, or facility, or the designated delegate thereof, to whom such notification has been made exercise any control, restraint, modification, or make other change to the information provided by the reporter, although each of the aforementioned persons may be consulted prior to the making of a report and may provide any additional, relevant, and necessary information when making the report.

(d) Any other person, other than one specified in subsection (c) of this Code section, who has reasonable cause to believe that a child is abused may report or cause reports to be made as provided in this Code section.

(e) An oral report shall be made immediately, but in no case later than 24 hours from the time there is reasonable cause to believe a child has been abused, by telephone or otherwise and followed by a report in writing, if requested, to a child welfare agency providing protective services, as designated by the Department of Human Services, or, in the absence of such agency, to an appropriate police authority or district attorney. If a report of child abuse is made to the child welfare agency or independently discovered by the agency, and the agency has reasonable cause to believe such report is true or the report contains any allegation or evidence of child abuse, then the agency shall immediately notify the appropriate police authority or district attorney. Such reports shall contain the names and addresses of the child and the child's parents or caretakers, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator. Photographs of the child's injuries to be used as documentation in support of allegations by hospital staff, physicians, law enforcement personnel, school officials, or staff of legally mandated public or private child protective agencies may be taken without the permission of the child's parent or guardian.

Such photograph shall be made available as soon as possible to the chief welfare agency providing protective services and to the appropriate police authority.

(f) Any person or persons, partnership, firm, corporation, association, hospital, or other entity participating in the making of a report or causing a report to be made to a child welfare agency providing protective services or to an appropriate police authority pursuant to this Code section or any other law or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil or criminal liability that might otherwise be incurred or imposed, provided such participation pursuant to this Code section or any other law is made in good faith. Any person making a report, whether required by this Code section or not, shall be immune from liability as provided in this subsection.

(g) Suspected child abuse which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law.



(h) Any person or official required by subsection (c) of this Code section to report a suspected case of child abuse who knowingly and willfully fails to do so shall be guilty of a misdemeanor.

(i) A report of child abuse or information relating thereto and contained in such report, when provided to a law enforcement agency or district attorney pursuant to subsection (e) of this Code section or pursuant to Code Section 49-5-41, shall not be subject to public inspection under Article 4 of Chapter 18 of Title 50 even though such report or information is contained in or part of closed records compiled for law enforcement or prosecution purposes unless:

(1) There is a criminal or civil court proceeding which has been initiated based in whole or in part upon the facts regarding abuse which are alleged in the child abuse reports and the person or entity seeking to inspect such records provides clear and convincing evidence of such proceeding; or

(2) The superior court in the county in which is located the office of the law enforcement agency or district attorney which compiled the records containing such reports, after application for inspection and a hearing on the issue, shall permit inspection of such records by or release of information from such records to individuals or entities who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this paragraph. When those records are located in more than one county, the application may be made to the superior court of any one of such counties. A copy of any application authorized by this paragraph shall be served on the office of the law enforcement agency or district attorney, which compiled the records containing such reports. In cases where the location of the records is unknown to the applicant, the application may be made to the Superior Court of Fulton County. The superior court to which an application is made shall not grant the application unless:

(A) The application includes a description of the proposed research project, including a specific statement of the information required, the purpose for which the project requires that information, and a methodology to assure the information is not arbitrarily sought;

(B) The applicant carries the burden of showing the legitimacy of the research project; and

(C) Names and addresses of individuals, other than officials, employees, or agents of agencies receiving or investigating a report of abuse which is the subject of a report, shall be deleted from any information released pursuant to this subsection unless the court determines that having the names and addresses open for review is essential to the research and the child, through his or her representative, gives permission to release the information.

Those obligated to report to the civil authorities will do so without delay.

### **Reporting and Investigating – Church Authorities**

1. Any pastor, employee, or volunteer, even if not obligated by state law to report to the civil authorities, who witnesses an act of child, youth or adult abuse perpetrated by another pastor, employee, or volunteer, or suspects that such an act has occurred or receives a report of such an act, must report the incident immediately to the Pastor. The “Suspected/Witnessed Incident of Child Abuse” form is to be used to submit the report. If the Pastor is not available, the report is to be made to the Chairman of Deacon Board.



2. Any other person who believes that a staff person or volunteer of the church has abused a child, youth or adult, is encouraged to report the incident to the Pastor or Chairman of Deacon Board.
3. If the reported incident has not already been reported to the civil authorities, the Pastor, with the assistance of the Chairman of Deacon Board and legal counsel in consultation with our insurance carrier, Brotherhood Mutual, is to determine whether the incident requires reporting in accordance with Georgia law. If so, the Pastor will promptly report the incident to the appropriate civil authority and offer the full cooperation of the church. The Pastor will notify the person who made the initial report whether or not the incident has been reported to the civil authorities. The reporter, of course, retains the right to report the incident to the appropriate civil authority personally, if this has not already been done.
4. Whether or not the incident requires reporting to the civil authorities, the incident is to be investigated quickly by the Pastor or his/her delegate. This investigation is to be coordinated with any civil investigation and is to include, whenever possible, interviews with the alleged victim, the victim's parents/guardians, the person making the initial report, the accused person and any other person who may have knowledge of the alleged incident.
5. If it is concluded that the charges of child, youth, or adult abuse are unsubstantiated, the original copy of the investigation report is to be placed in a file that is secured in the Pastor's locked files. All other copies are to be destroyed. Should the Pastor learn later that the civil authorities have substantiated the charge or if new evidence is uncovered, then the case is to be reopened and handled accordingly.

#### **Immediate Action Regarding Accused Person**

1. When the accused is a staff member or employee, the Pastor will direct that the person be placed on a temporary leave of absence from any official duties pending the final resolution of the matter. During such leave, based on the severity of charge the employee may receive compensation. The future status of the accused person should be decided as soon as possible and not later than 10 days after the conclusion of any legal proceedings.
2. When accused is a volunteer, the Pastor will direct the person to cease their volunteer service immediately, pending the final resolution of the matter.
3. Unless the case is already well known, the Pastor will notify the local church community only that the accused person has taken a leave of absence for personal reasons and for an undetermined time. Care is to be taken to avoid defamation of the character of the accused person.
4. The accused person should seek his or her own legal counsel.

**Records of all allegations should be kept in a secured file cabinet for a minimum of five (5) years.**



## SUSPECTED/WITNESSED INCIDENT OF CHILD ABUSE REPORT

Date of Report		Location of Incident	
Alleged Victim's Name and Phone Number		Alleged Victim's Age / Date of Birth	
Parents/Guardians of Alleged Victim	Parents'/Guardians' Address	Date & Place of Initial Conversation with or Report from Alleged Victim	
Name of Person Accused & Description of Suspected Abuse			
Relationship (Paid staff, volunteer, family member, other) of Accused / Suspected to Alleged Victim			
Summary of Allegations (including Date, Time and Location)			
Date Reported to Senior Pastor:                      Time:			
Notes of Conversation with Senior Pastor			
Has local law enforcement been notified? <i>Yes:</i> ____; <i>No:</i> ____                      Date:                      Time:			
Law enforcement agency notified:			
Has local children and family services agency been notified? <i>Yes:</i> ____; <i>No:</i> ____                      Date:                      Time:			
Name of the agency notified:			
If not reported to Senior Pastor, then other church authority that incident was reported to:			
Has the alleged victim's parent/guardian been notified? <i>Yes:</i> ____; <i>No:</i> ____                      Date:                      Time:			
Name of the individual notified:                      Relationship of that individual to the alleged victim:			
List any other person or agency notified:                      Date:                      Time:			
Name of the person or agency notified:                      Phone:			
Relationship of that person or agency to the alleged victim:			
Were there any witnesses other than the alleged victim?			

***Original to Pastor, Copy to Parent***



## INCIDENT / INJURY REPORT

<input type="checkbox"/> Incident / Illness / Other <input type="checkbox"/> Serious Incident / Illness/ Injury <input type="checkbox"/> Minor Injury			
Where the incident occurred:			
Address	City	State	Zip Code
Full Name of Person Injured		Parent or Guardian (if injured person is a minor)	
Birthdate of Child (MM/DD/YYYY)		(Check One) <input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Incident / Injury / Illness		Time of Incident / Injury / Illness	
Full name of person(s) responsible for child at time of incident / injury / illness		Witness	
Type of Injury:		Where did it happen? (Room, hall, playground, stairs, etc.)	
Type of Incident (Intruder, run away, illness, disciplinary action, etc.)		Body Part(s) Affected:	
What Resulted? (Circle all that apply)  Returned to Normal Activity    Washed/Soap Sent Home/Picked up Early    Ice Emergency Services Called    Band-Aid Emergency Services Transported Other (explain)		When did it happen? (Circle all that apply)  Arrival/Departure                  Meals/Snack Classroom Activity                  Indoor Play Transition Between Activities    Outdoor Play During Transportation Other (explain)	
Summary of incident / injury / illness:			
Was medical treatment required?		Treating Medical Personnel or Facility:	
If medical attention required, then describe injury:			

This Incident/Injury Report Form was prepared by:

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

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



## PASTORAL RECOMMENDATION

### ***Bibb Mount Zion Baptist Church***

*3268 Avondale Mill Road*

*Macon, Georgia 31216*

*478-788-2766*

CONFIDENTIAL

Name of Applicant Name of Pastoral Reference: \_\_\_\_\_

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

The applicant named is applying to be a volunteer with children, youth, or adults with special needs at Bibb Mount Zion Baptist Church. Please take a few moments to complete the following application. I know that these can be an inconvenience for you, but please help us assist in God's Kingdom work by honestly evaluating this applicant. Please return this application to Bibb Mount Zion Baptist Church at the address above in **full confidentiality**.

1. Is this person a member of your church?
2. Does this person attend your church regularly?
3. Is this person involved with any activities in your Church? If yes, please specify.
4. How long have you known this applicant?
5. Please comment on the applicant's spiritual life.
6. Is there anything else that you wish to tell us that would affect our decision regarding this applicant?
7. Can you think of any reason this applicant would not be appropriate with working with youth. If so please explain on back.

Signature of Pastoral Reference: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



## INFORMATION / PERMISSION FORM

Bibb Mount Zion Baptist Church

Child's Full Name		Date	
Address		Email	
City	Zip Code	Home Phone	Cell Phone

### CONTACT INFORMATION (Please use the following contacts for any communication needed in regards to my child.)

Name/Relationship:	Phone: _____ or _____
Name/Relationship:	Phone: _____ or _____
Name/Relationship:	Phone: _____ or _____

State any problematic condition of child's: Ears \_\_\_\_\_ Sinuses \_\_\_\_\_ Heart \_\_\_\_\_

Is child subject to: Fainting spells \_\_\_\_\_ Heart trouble \_\_\_\_\_ Food allergies \_\_\_\_\_  
Epilepsy \_\_\_\_\_ Medication allergy \_\_\_\_\_ Asthma \_\_\_\_\_

Has child had appendix out? \_\_\_\_\_ Is child diabetic? \_\_\_\_\_

Does child have any handicaps that would greatly hinder him/her from entering into full program activities? \_\_\_\_\_

If yes, please

explain. \_\_\_\_\_

Please list any restrictions and/or special medical attention needed (physical, psychological, etc): \_\_\_\_\_

Has child had a tetanus shot? \_\_\_\_\_ Date \_\_\_\_\_ Any special dietary needs? \_\_\_\_\_

### MEDICAL RELEASE

In the event of reasonable attempts to contact parent(s)/guardian(s) listed on this form have been unsuccessful, I hereby give my consent for the transfer of the child to any reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTOGRAPHY RELEASE

As a parent or guardian, I give consent for my child's picture/name to be used in the newspaper, webpage, monthly newsletters, program presentations, and future publications.

Signature of parent/gaurdian: \_\_\_\_\_ Date: \_\_\_\_\_



### **TRANSPORTATION RELEASE**

I give permission for my child to ride with a church-screened adult driver to or from Bibb Mount Zion Baptist Church. I also give consent for my child to walk within the community when supervised by an authorized adult. I understand that reasonable precautions will be taken to safeguard my child at all times. Being the legal and acting guardian of the child, and acting for myself and on behalf of my child, I release and hold harmless the Church and its respective staff, employees, volunteers, agents, and representatives of any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the child and/or the undersigned resulting from any cause whatsoever occurring to the child and/or myself at any time while attending any activity, including travel to and from any activity, excepting only such injury or damage resulting from willful acts of these individuals.

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## VOLUNTEER APPLICATION

***Bibb Mount Zion Baptist Church***  
3268 Avondale Mill Road, Macon, Georgia 31216  
478-788-2766

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you from an outside church? \_\_\_\_\_ If yes, what church? \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation:  
\_\_\_\_\_

Employer:  
\_\_\_\_\_

List name & address of other churches you have attended regularly for the past five years:

\_\_\_\_\_  
\_\_\_\_\_

Area(s) in which you want to volunteer:

\_\_\_\_\_

Describe your background working with the program and/or age group requested. (Include any information about church-related, volunteer, and paid experience you may have.)

\_\_\_\_\_  
\_\_\_\_\_

Areas in which you currently serve:

\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of any criminal offense? Yes \_\_\_ N: \_\_\_

Have you been charged with or convicted of child neglect or abuse? Yes \_\_\_ No \_\_\_

Have you had any complaints or allegations of misconduct involving children? Yes \_\_\_ No \_\_\_



Have you been convicted of the possession, use, or sale of drugs? Yes: \_\_\_\_; No: \_\_\_\_

Within the past 30 days have you abused alcohol or illegal drugs? Yes: \_\_\_\_; No: \_\_\_\_

If driving is involved; have you been convicted or pled guilty to a traffic offense within the last 5 years? Yes: \_\_\_\_; No: \_\_\_\_; Driving not involved: \_\_\_\_.

Please explain fully yes answers to any of the above questions:

\_\_\_\_\_  
Have you been a member or actively participated at Bibb Mount Zion Baptist Church for at least 6 months?

Yes: \_\_\_\_; No: \_\_\_\_

If you will transport persons for Bibb Mount Zion Baptist Church, please provide your driver's license number: \_\_\_\_\_

In addition to the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance, or care of children or adults with special needs? (Explain using back of sheet).

The information that I have provided may be verified by contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information and this release may be sent to any reference. I also agree to hold harmless Bibb Mount Zion Baptist Church, and the pastors, officers, employees, and volunteers thereof from any use of this application or information.

**I waive any right that I may have to inspect references provided on my behalf.** \_\_\_\_ *Please initial.*

I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand it may be cause for dismissal.

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

**References: Please list three personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to reference: \_\_\_\_\_



## Disclosure and Authorization (for Background Check)

### APPLICANT/EMPLOYEE DISCLOSURE AND CONSENT BACKGROUND INVESTIGATION

Norred and Associates may conduct an investigation of your background by obtaining a consumer report from a consumer reporting agency of its choice. The report may contain information related to your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, education, employment history, criminal history, motor vehicle history, or mode of living.

No consumer report will be used in violation of any federal or state equal employment opportunity law or regulation. Your signature below acknowledges receipt of a copy of your rights under the Fair Credit Reporting Act. If Norred and Associates intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with an additional copy of the report and a description of your rights under the Fair Credit Reporting Act.

Your signature below authorizes Norred and Associates to make an independent investigation of your background by obtaining a consumer report from National Background Data, Rapid Court, National Source Public Records or Facts on Demand. You understand and agree that the information contained in any consumer report may be used to determine your eligibility for employment and, if you are hired or are already employed, your eligibility for continued employment. You agree that this authorization may remain on file and will serve as an ongoing authorization for Norred and Associates to procure a consumer report or investigative consumer report at any time during your employment. To assist Norred and Associates in obtaining a consumer report, the following information is provided:

Full Name (Printed) \_\_\_\_\_

Other Names Currently or Previously Used \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: If you want a free copy of the report(s) ordered, check this box ☐. The report(s) will be sent to you by the consumer reporting agency listed here: Norred and Associates, 600 So. Central Avenue, Atlanta, GA 30354.

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI  
Sex: ☐ Male ☐ Female Race: ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ White ☐ Other

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## VERIFICATION OF TRAINING & ACKNOWLEDGEMENT FORM

***Bibb Mount Zion Baptist Church***  
3268 Avondale Mill Road, Macon, Georgia 31216  
478-788-2766

The congregation of Bibb Mount Zion Baptist Church complies with all applicable laws and is committed to showing and sharing the love of God through Jesus Christ to all who come to our church, including children and adults with special needs. As a volunteer or an employee of Bibb Mount Zion Baptist Church, do you agree to the following?

*Please initial each item after reading to indicate your agreement.*

- \_\_\_\_\_ 1. I have received a copy of and I agree to observe and abide by all Bibb Mount Zion Baptist Church rules and policies in the Safe Sanctuaries Policy.
- \_\_\_\_\_ 2. I affirm that there is nothing about my physical or mental condition that would present a risk to others when fulfilling my role as a volunteer.
- \_\_\_\_\_ 3. I understand the purpose and importance of my assigned position and will cooperate fully with my supervisor and Bibb Mount Zion Baptist Church staff in carrying out my assigned responsibilities.
- \_\_\_\_\_ 4. I will conduct myself in a manner consistent with Bibb Mount Zion Baptist Church's mission to lovingly reach out and make disciples of Jesus Christ, at all times while performing the responsibilities of my position.
- \_\_\_\_\_ 5. I will promptly report abusive or inappropriate behavior that I have witnessed or that I suspect to the church leadership by completing the appropriate forms.

I, \_\_\_\_\_, acknowledges that I have read and understand Bibb Mount Zion Baptist Church Safe Sanctuaries Policy and I am fully aware of its contents, and willingly place my initials and signature on the lines provided, doing so freely and under no duress or coercion.

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

Print Full Name: \_\_\_\_\_