

Name: _____

**St. Paul's United Church of Christ
Robesonia, Pennsylvania**

SAFECONDUCT PARTICIPATION COVENANT

The congregation of St. Paul's United Church of Christ is committed to providing a safe and secure environment for all youth and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. No adult who has been convicted of child abuse (either sexual, physical, or emotional) should volunteer to work with children or youth in any church-sponsored activity.
2. All adult volunteer CHYLD Workers involved with the youth of our church must have been members of the congregation for at least six months before beginning a volunteer assignment.
3. Adult volunteers and staff with youth shall observe the two-adult rule at all times, so that no adult is ever alone with one youth.
4. Adult volunteers and staff with youth shall participate in regular training and educational events provided by the church to keep volunteers informed of church policies and state laws regarding child abuse.
5. Adult volunteers and staff shall immediately report to their supervisor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. As a volunteer/staff in this congregation, do you agree to observe and abide by all church policies regarding working in ministries with youth? Yes No
2. As a volunteer/staff in this congregation, do you agree to observe the two-adult rule at all times? Yes No
3. As a volunteer in this congregation, do you agree to abide by the six-month rule before beginning a volunteer assignment? Yes No
4. As a volunteer/staff in this congregation, do you agree to participate in training and education events provided by the church related to your volunteer assignment? Yes No
5. As a volunteer/staff in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor? Yes No
6. Have you been convicted of a crime, including any sex related crime or child abuse either by a secular or ecclesiastical/religious ruling? Yes No
If so, please explain:
7. Have you lived outside of Pennsylvania in the last 10 years? Yes No
8. If the Pastor, former Pastor, or a person within the congregation is aware of a reason why you should not work with the youth or homebound, do you relieve them of any restrictions to share that information with the Pastor, Spiritual Council, and/or chair/vice chair of the Christian Education committee? Yes No
9. Have you read, understood, and agree to abide by the policies found in the SafeConduct Policy booklet? Yes No
10. Is there any reason that you know of that you should not be allowed to work with or around children, youth, or the homebound? Yes No

Signature of Applicant: _____ Date: _____

Print Full Name: _____

Address: _____

Phone: _____

Alt Phone: _____

e-mail address: _____

Interviewed by:

Signature #1 _____

Signature #2 _____

Date: _____

Print Name _____

Print Name _____

Name: _____

SAFECONDUCT PARTICIPATION COVENANT
(Second Page)

Birth Date: _____ 18 or over *or* under 18

Membership Date: _____ *or* Associate Membership Date: _____ *or* Active Teen Date: _____

- First time covenant *or*
- Renewal/update of information (attach this document to original covenant)

- Application, Profile, or Time & Talent Sheet on file
- Criminal Background Check received - Date on the Certificate: _____
- Child Abuse History received - Date on the Certificate: _____
- Fingerprint Record received - Date on the Certificate: _____
 - ◇ Lived in PA for at least the last 10 years *or*
 - ◇ Lived outside of PA within the last 10 years

Youth Protection Training - Date on the Certificate: _____ Type: _____

For Drivers:

- Driver's License - proof received on - Date: _____
- Insurance - proof received on - Date: _____

Reference #1 - Relative

Name: _____ Relationship: _____
Address: _____ Phone: _____
Alt Phone: _____ (optional)

- Reference Checked - Date: _____ by whom: _____
- Any Concerns (circle): Yes No
- Concerns resolved - date: _____ (attach explanation)

Reference #2 - Non-Relative

Name: _____ Relationship: _____
Address: _____ Phone: _____
Alt Phone: _____ (optional)

- Reference Checked - Date: _____ by whom: _____
- Any Concerns (circle): Yes No
- Concerns resolved - date: _____ (attach explanation)

Reference #3 - if requested (such as may be done for a paid staff position)

Name: _____ Relationship: _____
Address: _____ Phone: _____
Alt Phone: _____ (optional)

- Reference Checked - Date: _____ by whom: _____
- Any Concerns (circle): Yes No
- Concerns resolved - date: _____ (attach explanation)

Approved as CHYLD Worker *or* Approved as Teen Aide *or* NOT Approved Date: _____

by: Printed Name: _____ Signature: _____ Title: _____