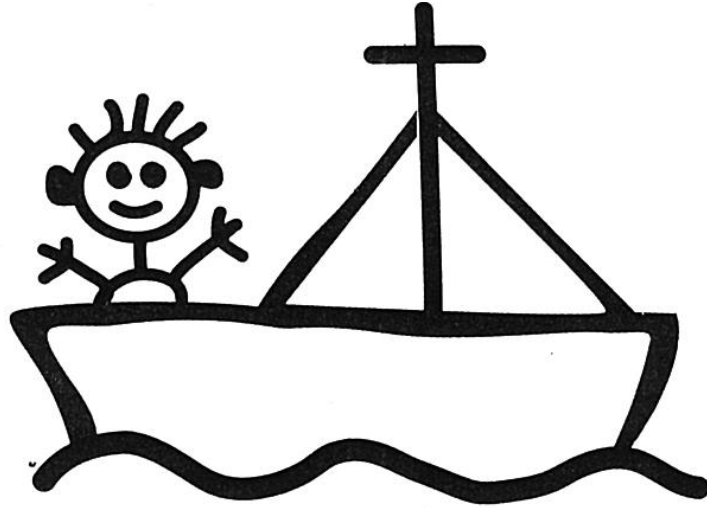


Our Saviour's Lutheran Church



**Safe Sanctuary  
for  
Children, Youth  
& Vulnerable Adults**

**Safety & Abuse Policy**

✝ Our Saviour's Lutheran Church ✝  
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Humboldt, IA 50548

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We, the members of  
Our Saviour's Lutheran Church,  
1212 Sumner Avenue South,  
Humboldt, Iowa,  
in the Western Iowa Synod of the  
Evangelical Lutheran Church in America,  
affirm our commitment to be a Safe Sanctuary  
for Children, Youth and Vulnerable Adults.  
Knowing that living into this covenant  
is a lifelong process of learning and caring,  
and knowing that we work with others in our immediate community,  
the wider church and the world  
to develop programs and places  
where all God's children can flourish,  
we ask God to help us.

# Our Saviour's Commitment

*“But Jesus called the children to him and said, ‘Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these.’”*  
*Luke 18:16*

*“Speak up and judge fairly; defend the rights of the poor and needy.”*  
*Proverbs 31:9*

God deeply valued children, the poor and needy. To that end, procedures will be followed to protect children, youth and vulnerable adults from harm in our church. For all purposes in this policy,

“Infants” are defined as being under the age of 4;

“Children” are defined as being between the age of 4 and 12; and

“Youths” are defined as being ages 12 to 18 years of age.

A vulnerable or dependent adult is a person eighteen years of age or older who is unable to protect the person’s own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another. *Iowa Code, Chapter 235B*

## **Why is safety and abuse policy necessary?**

1. **To Protect Children, Youth & Vulnerable Adults** - The creation of a secure, safe environment is of utmost importance (Matthew 18:1-10). The application, interview, reference check, background checks and training processes are all screening procedures to assure the safety of our children, youth and vulnerable adults.
2. **To Protect Volunteers and Staff** - It is necessary to protect church staff and volunteer workers from potential meritless allegations of abuse.
3. **To Raise Awareness Level** - The goal is not to raise suspicion, but to become educated about the process and systems regarding protection of children, youth & vulnerable adults at Our Saviour’s Lutheran Church.
4. **Our Saviour’s Position in the Community** - Because we are in a position of leadership in our community we need to be the best advocates for children, youth & vulnerable adults we can be.
5. **Legal Protection of Our Saviour’s Lutheran Church** - There are several liability factors that dictate how we process our volunteers and paperwork.

## **Parental Responsibility**

All parents should be encouraged to assume individual responsibility for their children and not assume the church sponsored activity or presence on the church premises is a guarantee of the child’s safety. *CHILDREN SHOULD NOT BE LEFT UNATTENDED* in the church building and children should be picked up in a timely manner.

# Marks of a Safe Sanctuary

What does a Safe Sanctuary for children, youth & vulnerable adults look like? What does it give to a child? What does it feel like to the congregation? What does it say to the community? In Holy Baptism, we make commitment to “renounce all the forces of evil...” (LBW, page 123). Some of the “forces of evil” that threaten the safety of children, youth and vulnerable adults are abuse of various types. The following policies reflect our commitment to provide protective care of all children, youth, vulnerable adults, workers and volunteers who participate in church-sponsored activities. The following are characteristics of a Safe Sanctuary:

**Persons are safe from: Marks of a Safe Sanctuary: No need to say:**

Physical abuse	I feel safe.	Please don't hit me again!
Sexual abuse	I feel respected and protected.	Don't touch me there! Stay away!
Emotional abuse	I feel valued.	I'm not stupid!
Stifling stereotypes	I am free to be who I am.	Don't label me!
Hunger & Homelessness	Immediate assistance in times of crises.	I'm hungry! Where will we sleep tonight?
Rejection	I feel accepted & cared for.	Don't leave me – Come back!
Exploitation	Myself and all that I have is safely under my control.	Don't use me!

**Persons are safe to: Marks of a Safe Sanctuary: All will say:**

Grow in faith	Welcoming of all	God loves me!
Love God	Child-friendly worship	I love Jesus!
Love their neighbors	Strong relationships between generations	I love you!
Give	Commitment to teach and learn from children	Thanks for teaching me.
Feel empathy	Time is taken to talk with and listen to children	I'm sorry you feel sad.
Serve	Children challenged to grow in faith and service	Let me help you.
Discover	High standards for quality care and education	I wonder why...?
Create	Joy and fun, rather than boredom	I've got an idea!
Hope	Encourage and enthusiasm	When I grow up I want to...
Be aware of their community	Strong connections both locally and globally	What about my friend from school?
Be aware of the world	Seeing life through the eyes of a child	It's God's world!

# Our Saviour's Procedures in Preventing Abuse

## I. Administration of Policies and Procedures

Legal requirements call for the church to take specific action in both youth worker and volunteer selection and supervision, as well as in the reporting of allegations of child abuse. Our Saviour's Lutheran Church has chosen to implement and follow the following procedures with youth staff and volunteers. Any revisions should be approved by Our Saviour's church council.

## II. Volunteer and Paid Worker Selection Policies

### A. Screening

#### 1. Risk Management for an Occasional Volunteer

##### a. Occasional volunteers and paid staff include:

1. Individuals who volunteer or work in a classroom with a group of children infrequently (less than monthly) as a parent guardian or substitute.
2. Council members.

##### Occasional volunteers will qualify if:

- (1) They complete the Application Form; and
- (2) They satisfactorily meet the criteria set forth in the application.

##### b. Youth helpers or youth teachers

1. Must be approved by Our Saviour's staff,
2. Must present written parental/guardian permission to the adult supervisor before being authorized to work with children.

#### 2. Risk Management for Regular/On-going Volunteers and Paid Staff Workers of Child or Youth settings

**a. Regular volunteers and paid staff include:** Individuals who volunteer or work with children/youth or vulnerable adults on a monthly basis for 1 to 1-1/2 hours, or members of decision-making groups who have the authority to approve the creation of ministries, programs or activities for children or youth, such as:

1. All Staff,
2. Youth committee,
3. Those who help with youth activities more than 4 times a year,
4. As directed by Pastor.

##### Regular volunteer and paid staff will qualify if:

1. They complete one-time Application Form A,
2. They satisfactorily meet the criteria set forth in the application,
3. They are a member for at least one year, or, they complete a personal interview, (Form B)
4. They have positive and clean references,
5. They receive training and complete Verification of Training & Acceptance of policy. (Form D - renew every 2 yrs)

3. *Risk Management for Volunteers and Paid Staff Workers for ministries with Higher Probability of Risk*

**a. High Risk Volunteers and Paid Staff include:** Positions which involve working with youth 1 to 1-1/2 hours weekly;

1. Youth worker.
2. Sunday School Teachers & Youth Choir Directors,
3. Supervision of off-campus or overnight activities; or
4. Driving children or youth to activities off campus.

**High Risk Volunteers and Paid Staff will qualify if:**

1. They complete one-time Application Form A,
2. They satisfactorily meet the criteria set forth in the application,
3. They are a member for at least one year, or, they complete a personal interview, (Form B)
4. They have positive and clean references.
5. They receive training and complete Verification of Training & Acceptance of policy, (Form D - renew every 2 yrs)
6. Authorization for Criminal Background Records Check in any state where the applicant has resided during the past seven years, (online)
7. Authorization for Child Abuse Check, (Form E)
8. Sexual offender registry check in any state where the applicant has resided during the past seven years.

**b. Volunteer Drivers, in addition to the requirements above, will complete**

1. Volunteer Driver's Form. (Form F)
2. Authorization for Driving Records Check. (online)
3. Provide Driver's License for church to copy and have copy on file.
4. Provide vehicle's insurance card to copy and have on file.

4. *Adult survivors of childhood sexual or physical abuse* need the love and support of this congregation. Individuals who have such a history shall discuss their desire to work with children or youth with the pastors prior to engaging in any volunteer or paid service.

5. *Individuals who **WILL NOT be allowed** to work with children/youth:*

- a. Individuals convicted of sexually or physically abusing a child, or violent crimes.
- b. Convicted felons, except with approval by Pastor and Executive Council Committee.
- c. If the applicant presents a serious potential threat to the safety of children/youth at Our Saviour's, the applicant shall be denied the opportunity to serve or work at Our Saviour's Lutheran Church.

6. *In addition, individuals who **will not be allowed** to drive for youth activities:*

- a. Individuals with two moving violations and an accident within the last year.
- b. Those who have been charged with an OWI, drug-related violation or reckless driving.

# About Your Privacy & Rights

A record of contact with references identified by the applicant shall be maintained and secured in the applicant's personnel file, and shall contain information about each contact.

Our Saviour's Lutheran Church will request a background records check of the applicant, as well as check the National Sex offenders Registry, to determine if the applicant has been arrested or convicted of any crimes against a child, murder, manslaughter, assault, kidnapping, arson, criminal sexual behavior, prostitution-related crimes or any other felonies. If so, permission to volunteer with youth will be declined.

In addition, Our Saviour's Lutheran Church will request Child Abuse Information to the Iowa Department of Human Services to determine if the applicant has ever been the person determined responsible for a registered child abuse report. If so, permission to volunteer with youth will be declined.

The applicant shall be informed that:

1. The applicant has a right to be informed by Our Saviour's of the response of the Iowa Department of Criminal Investigation to the background records check and to obtain from Our Saviour's a copy of the background records check report.
2. The applicant has a right to obtain from the Iowa Department of Criminal Investigation any record that forms the basis for the report.
3. The applicant has a right to be informed by Our Saviour's Lutheran Church if the applicant has been denied an opportunity to work with children because of the response from the Iowa Department of Criminal Investigation.
4. The applicant has the right to challenge the accuracy and completeness of any information contained in the background check report or record by appealing to the Iowa Department of Criminal Investigation.
5. The applicant has the right not to be required to pay the cost of the background records check.
6. Only authorized representatives, approved by the Pastor, may review the information contained in the response of the Iowa Department of Criminal Investigation.



# Guidelines for Volunteers & Staff

1. Training Process for all Staff, Volunteers and Our Saviour's Leadership -  
As governed by Iowa law, Our Saviour's pastors and youth workers shall complete two hours of training relating to the identification and reporting of child abuse within six months of initial employment involving the examination, attending, counseling, or treatment of children on a regular basis. Such persons shall complete at least two hours of additional child abuse identification and reporting training every five years.
2. Volunteers who have completed an initial screening process shall receive safety and abuse identification training (minimum 1 hour) every 2 years.
3. Church personnel and volunteers should be familiar with Our Saviour's Guidelines for Discipline, Appropriate Affection & Appropriate Restroom/Diapering Supervision.
4. A minimum of two unrelated adult workers will be in attendance at all times when children are being supervised during our programs and activities. If only one adult teacher is in attendance during the class session, classroom doors should remain open or the room is able to be viewed completely by a window by a supervisor.
5. There should be no fewer than two students – not counting the leader's own child – with the adult leader. For Sunday School, as children arrive/leave, the leader should stand at the classroom door until two students have arrived and do the reverse at the end of the class: When only two students remain, they should again stand at the door and wait for parent to pick up children.
6. Married Couples serving together, count as only one adult. In the instance that a third volunteer is unavailable, married couples will function as a single adult teacher and follow the Open Door Policy as described in #1 above.
7. Doors should never be locked while persons are inside the room.
8. Supervisory leaders will make random visits to classrooms and other places children/youth use.
9. Supervision of children should be provided before and after the event until all children are in the custody of parents or legal guardians or have left the premises.
  - a. Ministries serving children under 6 years of age (Kindergarten and under) must clearly identify the child and the child's parent or guardian. Children should only be released to a properly identified and pre-authorized adult.
  - b. Ministries serving children in first through sixth grades shall release children to the parents or appointed guardians, unless the parent or guardian has authorized in writing that the child may leave the event without the parent or guardian being present.
10. In one-on-one mentoring situations, meetings should be held in visible, public areas. Volunteers should not be alone with one child or youth in an area that has no public visibility.
11. If receiving counseling, door should be open, or have a window through which individuals can be easily seen and monitored.
12. All events sponsored by Our Saviour's, which are to occur off of the church premises, must be approved in advance by the Pastor or youth committee. Risks of non-member participation should be assessed and appropriate action taken to ensure safety of all involved.

13. Parents or guardians must complete a permission and/or registration form, as well as a medical release form for each child before Our Saviour's personnel or volunteers transport children and youth for a church-sponsored activity.

14. The Pastor and/or Youth Director and/or Sunday School Coordinator shall determine the number of adult chaperones who will participate in Our Saviour's sponsored youth events. As a rule of thumb the following adult to youth ratio will be followed, with the condition that there is a second, unrelated adult (over age of 21) present:

Toddlers – 1:5

Preschool – 1:6

Elementary age children – 1:9

Middle school age youth – 1:10

Senior High age youth – 1:10

When making decisions about ratios, consider contextual variables such as:

- Age and developmental level of youth and employees/volunteers. If youth or employees/volunteers are young, you may need a lower ratio, that is, fewer youth per adult.
- Risk of the activity. Does it involve a great deal of isolation from others?
- Location of the activity. Is it in a classroom that is easy to monitor or at a park, where it is easier to lose track of individuals?

15. Overnight events require the ratios above to be maintained, and possibly, lowered (i.e. 1 adult/room at a hotel) for each sex, due to separation of sexes for sleeping arrangements.

16. Employees/volunteers should continually actively interact with the youth to maintain adequate supervision and monitoring.

17. Parents must give written permission for their children to view movies with an "R" or "PG-13" rating before viewing.

18. The possession or use of illicit drugs, alcohol or tobacco, or misuse of legal drugs by youth, as well as the possession or use of illicit drugs or alcohol by an adult while at a church-sponsored event are prohibited. Tobacco products used by adults must not be used in the presence of youth.

19. When it becomes necessary to dress/undress, bathe or shower, youth and adults will do so in private, out of view of other youth and adults.

21. Church personnel and volunteers are prohibited from discussing their own sexual activities, including dreams and fantasies, with children, youth or vulnerable adults.

22. Workers and volunteers will be encouraged to advise each other when questionable behavior is displayed.

- Inappropriate or harmful behaviors should be reported to the proper supervising staff person and documented on the form Report of Suspected Child Abuse.
- Problematic behavior of and/or injuries suffered by participants during a church-sponsored activity should be reported on the Incident Report form.

# Guidelines for Discipline

## For every setting

- No illegal substances, alcohol, tobacco or weapons are allowed to be on site or used by youth or adults while responsible for supervising Our Saviour's youth events.
- Romantic touching between youth during a church-sponsored activity is not allowed.
- Never engage in physical discipline nor abuse of any kind in discipline procedures.

## For class settings:

- Establish a simple rule system, display it on a poster and post them at kids' eye level. Use as few words as possible when writing these rules.  
For example you should write, "One person speaks," or "Raise my hand first."
- For little ones, only have a few rules, three to five is good.
- For older youth, consider involving them in the creation of the rules at the beginning of the year.

## For other youth activities:

For youth activities, especially those off-site, the rules stated in the Participant's Covenant will be followed.

## 3-Step Discipline

After the rules are created, the 3-step discipline policy shall be used.

- Rule Reminder: When a child/youth breaks a rule, remind him or her of the poster rules. Have youth repeat the rule with you.
- Personal Visit: If the rule is broken a second time, speak to him/her privately. Make eye contact in a non-threatening manner, bending at the knees if possible/necessary. Tell what rule has been broken and explain what the next course of action will be.
- Immediate Consequence: At the third infraction, there should be an immediate consequence, i.e. a visit to time-out, or removal from a game or activity. In addition, parents will be informed of the youth's behavior.
- If youth's actions are endangering the safety or well-being of themselves or others, the youth will be sent home immediately - being picked up by the parents or sent home at the parents' expense. In addition, attempts at informing parents of the remaining youth will be made to inform parents of the situation.

# Guidelines for Appropriate Affection

Our Saviour's Lutheran Church is committed to creating and promoting a positive, nurturing environment for our children's and youth ministries that protect our children and youth from abuse and our church personnel and volunteers from misunderstandings. When creating safe boundaries for children and youth, it is important to establish what types of affection are appropriate, inappropriate, and harmful. Clearly identifying such behaviors allows church personnel and volunteers to comfortably show positive affection in ministry. It also helps create awareness of unhealthy behaviors and identify individuals who are not maintaining safe boundaries with children or youth.

These guidelines below are based, in large part, on avoiding behaviors known to be used by child molesters to groom children or youth and their parents for future abuse. The following guidelines are to be carefully followed by all church personnel and volunteers working around or with children or youth.

1. Love and affection are part of church life and ministry. There are many ways to demonstrate affection while maintaining positive and safe boundaries with children and youth. All expressions of affection should be age-appropriate. Some positive and appropriate forms of affection are listed below:

- Brief hugs
- Pats on the shoulder or back.
- Handshakes.
- High-fives and hand slapping.
- Verbal praise.
- Touching hands, faces, shoulders and arms of children or youth.
- Arms around shoulders.
- Holding hands while walking with small children.
- Sitting beside small children.
- Kneeling or bending down for hugs with small children.
- Holding hands during prayer.
- Pats on the head when culturally appropriate (avoided in some Asian communities)

Any expression of attention, however, that elicits a negative response from another person should be discontinued.

2. The following forms of affection may be considered inappropriate with children and youth in a ministry setting because many of them are the behaviors that child molesters use to groom children or youth and their parents for later molestation or can be, in and of themselves, sexual abuse. These behaviors should be avoided, monitored closely, and if abuse is suspected, should be stopped immediately. The offending person should be given a private, verbal warning by the supervisor, parents contacted (of offending person is a youth) and an incident report should be made.

These behaviors should be avoided, monitored closely for abuse and stopped, if suspicious:

- Touching knees or legs of children or youth.
- Tickling children or youth, particularly by an adult.
- Piggy back rides.
- Holding children over three years old on the lap.
- Meals with individual children or youth in public places.
- Any type of massage between youth and adult or youth & youth.

These behaviors should be stopped immediately:

- Risque jokes.
- Wrestling with children or youth.
- Giving gifts or money to individual children or youth.
- Private meals with individual children or youth.
- Inappropriate or lengthy embraces.
- Comments or compliments (spoken, written or electronic) that relate to physique or body development.
- Snapping bras or giving wedgies or similar touch of underwear whether or not it is covered by other clothing.
- Any expression of attention, however, that elicits a negative response from another person should be discontinued.

3. The following behaviors, in addition to those listed in the descriptions of each type of abuse, are considered harmful. These behaviors should be stopped immediately and reported as abuse.

- Touching bottoms, chests or genital areas other than for appropriate diapering or toileting of infants and toddlers.
- Showing affection (youth & adult, possibly youth & youth) in isolated areas such as bedrooms, closets, staff-only areas or other private rooms.
- Kisses on the mouth.
- Occupying a bed with a child or youth.

# Guidelines for Appropriate Restroom Supervision

Volunteers should never take a lone child to the restroom.

If a volunteer must go into the restroom to check on an individual child, he or she should seek out another worker to accompany him or her.

If another worker is not available to accompany, he or she should go to the exterior bathroom door, knock, and ask if the child needs assistance. If the child requires assistance, the worker should leave the exterior bathroom door open when entering the bathroom area and try to verbally assist the child in completing their activities, while the child remains behind the door of the bathroom stall.

Any assistance with the straightening or fastening of garments should be done in the presence of another volunteer.

Any "potty" accidents by children not wearing a diaper will be the responsibility of the parents. Every effort will be made to contact parents and assist them with the clean-up process.

## Nursery attendants

- Changing of diapers or clothing should only be done in plain sight of other nursery workers.
- Children will never be left unattended on changing tables.
- Gloves will be worn when changing the diaper.
- Any special instructions given by parents leaving children in the nursery will be recorded ("Jane Doe requires prescription ointment for diaper rash.")
- Children should be re-diapered and re-clothed immediately upon the completion of changing their soiled diaper.
- Children should be changed on changing stations only.

# Types of Abuse

Abuse can be described in 5 different categories: Physical, Mental, Sexual, Neglect and Economic. In addition, Bullying uses any of these forms of abuse to forcefully assert power or control in order to intimidate, humiliate and/or destroy their target.

**Physical Abuse** - Inflicting injury upon a child, youth or vulnerable adult by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function. Placing such a person in a situation where they will likely be injured. Characterized by excessive corporeal punishment or injury from hitting with the hand or foot, such as punching or kicking, or hitting with an object such that it leaves a mark for more than a few minutes. Also, shaking, biting, burning, or otherwise physically harming a child.

**Mental Abuse** - Emotional, or psychological injury that causes, or could cause, behavioral, emotional, or mental disorders. Comments, actions or statements, whether verbal, written or electronic that would cause a child to believe their person, emotions, physical form or ability, mental ability, family, race, background, creed, religious background, social status, age, gender, sexual orientation, marital status or political beliefs are somehow bad, inferior, unacceptable or shameful, or makes a person fearful of harm or interferes with a person's right to worship. Ignoring a child and failing to provide necessary stimulation, responsiveness and validation of a child's worth or need for nurturance in a normal family routine. Terrorizing the child with continual verbal assaults, name-calling, threats, and put-downs creating a climate of fear, hostility and anxiety. Isolating the child from the family and community, denying the child normal human contact. Over pressuring the child to achieve too early in academics, physical skills or social interactions. Emotional abuse is almost always present with other types of abuse.

**Sexual Abuse** - Any sexual activity with a child or youth in any setting. The abuser may be an adult, an adolescent, or another child, male or female and of any sexual orientation. Child sexual abuse may be violent or non-violent. Child sexual abuse is criminal behavior that involves children in sexual behaviors for which they are not personally, socially or developmentally ready. Child sexual abuse may include actual or threatened touching behavior. This includes the following: prolonged kissing, cuddling, fondling; oral, genital or anal penetration; intercourse; forcible rape. Child sexual abuse also includes non-touching behavior; taking or showing pornographic pictures or videos; obscene phone calls; exhibitionism; allowing children to view sexual activity, efforts to seduce a child into a sexual relationship, or looking at a child/youth with the intent to be or make someone else sexually aroused, etc.

**Neglect** - This can be physical, such as delay or denial of basic necessities such as food, water, clothing, shelter or health care; educational, such as permitting a child to be truant from school; or emotional, such as extreme spousal abuse in front of the child; or failing to provide psychological care as needed.

**Economic Abuse** - These abusers require children, youth or vulnerable adults to do illegal acts for money or who will use any money brought in for such persons through welfare, child support check, monetary gifts or earned wages by the youth or vulnerable adult on themselves.

# Statistics on Abuse

According to the 2010 Child Maltreatment research done by the US Dept. of Human Services, 1% of children in the United States had confirmed cases of abuse:

- 78% was neglect
- 17.6% was physical abuse
- 9.2% was sexual abuse
- 8% was psychological abuse
- 2.4% medical neglect
- 10% other types of abuse, including abandonment, observation of violence.

In Iowa, the Department of Human Services reported for 2011:

- 30, 747 assessments for child abuse or neglect in calendar 2011.
- 68 percent of assessments resulted in a finding of “no abuse.”

Of the 11, 747 children subject to abuse or neglect, down 7 percent from 2010:

- 8,757 children were subject of ‘founded’ abuse.
- 2,989 children were subject of a “confirmed” abuse. A “confirmed” abuse is minor, isolated, and not likely to re-occur, and the perpetrator is not placed on the child abuse registry.
- 51 percent of abused or neglected children were age 5 or younger (similar to past years).

Of all child abuse or neglect:

- 79 percent was neglect (denial of critical care), similar to past years.
- 10 percent was physical.
- 4 percent was sexual.
- 5 percent was presence of illegal drugs in body.

Abuse cases often aren’t reported for a year or more after the fact. Many cases of abuse, however, go unreported.

In the United States, 5 children die each day of abuse and neglect.

Consistently, 90% of abusers are known to the child. One statistic from the National Children’s Alliance in 2011:

- 39% of abuse was by a parent/step parent
- 20% by a person related to the child
- 32% was by someone unrelated, but known to the child

70% of all sexual assault crimes happen to children 17 years and under. The younger the age group of children, the higher rates of sexual crimes against them.

Child on child or youth on youth abuse rates are increasing:

- 65% of abuse is done by persons 18+ years old
- 10% of abuse is done by persons 13-17 years old
- 7% of abuse is done by persons under age 13.



# Indicators of Abuse

As with any problem, an awareness of the indicators for that problem can be a big first step in the right direction. The following pages will identify some of the physical and behavioral indicators associated with the five different types of abuse.

## Physical Abuse

*In many cases, more than one of the following indicators will be present.*

### Behavioral Indicators

- Is wary of adults.
- Is either extremely aggressive or withdrawn.
- Exhibits seductive behaviors.
- Is uncomfortable with physical contact or closeness.
- Is dependent and indiscriminate in his or her attachments.
- Is uncomfortable when other children cry.
- Generally controls his or her own crying.
- Exhibits a drastic behavior change when not with parents or caregiver.
- Begs, steals or hordes food.
- Is manipulative.
- Has a poor self-concept.
- Exhibits delinquent behavior, such as running away from home.
- Uses or abuses alcohol and/or other drugs.
- Is self-mutilating.
- Is frightened of parents or of going home.
- Is overprotective of or responsible for parents.
- Exhibits suicidal gestures and/or attempts suicide.
- Has behavior problems at school.

### Physical Indicators

- Has unexplained bruises or welts, often clustered or in a pattern.
- Has unexplained and/or unusual burns (cigarette, doughnut-shaped, immersion-line, object-patterned).
- Has unexplained bite marks.
- Has unexplained fractures or dislocations.
- Has unexplained abrasions or lacerations.
- Wets the bed.
- Exhibits development lags (stunting of his/her physical, emotional and/or mental growth).

## **Emotional Abuse**

*In many cases, more than one of the following indicators will be present.*

### Behavioral Indicators

- Is overly eager to please.
- Seeks adult contact.
- Views abuse as being warranted.
- Exhibits changes in behavior.
- Is excessively anxious.
- Is depressed.
- Is unwilling to discuss problems.
- Exhibits aggressive or bizarre behavior.
- Is withdrawn, apathetic and/or passive.
- Has unprovoked fits of yelling/screaming.
- Exhibits inconsistent behavior at home and school.
- Feels responsible for the abuser.
- Runs away from home.
- Attempts suicide.
- Exhibits a gradual impairment of health and/or personality.
- Has difficulty sustaining relationships.
- Has unrealistic goals.
- Is impatient.
- Is unable to communicate or express his/her own feeling, needs or desires.
- Sabotages his/her chances of success.
- Lacks self-confidence.
- Is self-deprecating and has a negative self-image.

### Physical Indicators

- Has a sleep disorder, including nightmares or restlessness.
- Wets the bed.
- Exhibits development lags (stunting of his/her physical, emotional and/or mental growth).
- Is hyperactive.
- Exhibits an eating disorder.

## **Sexual Abuse**

*In many cases, more than one of the following indicators will be present.*

### Behavioral Indicators

- Is reluctant to change clothes in front of others.
- Is withdrawn.
- Exhibits sexualized behavior; unusual sexual behavior and/or knowledge beyond that which is common for his or her particular developmental stage.
- Has poor peer relationships.
- Either avoids or seeks out adults.
- Is pseudo-mature.
- Is manipulative.
- Is self-conscious.
- Has problems with authority and rules.
- Exhibits an eating disorder.
- Is self-mutilating.
- Is obsessively clean.
- Uses or abuses alcohol and/or other drugs.
- Exhibits delinquent behavior, such as running away from home.
- Exhibits extreme compliance or defiance.
- Has insomnia.
- Has nightmares.
- Is depressed or shows signs of depression.
- Is fearful or anxious.
- Exhibits suicidal gestures and/or attempts suicide.
- Is promiscuous.
- Engages in fantasy or infantile behavior.
- Is unwilling to participate in sports activities.
- Has school difficulties.

### Physical Indicators

- Has pain and/or itching in the genital area.
- Has bruises or bleeding in the genital area.
- Has venereal disease.
- Has swollen private parts.
- Has difficulty walking or sitting.
- Has torn, bloody, and/or stained underclothing.
- Experience pain when urinating.
- Is pregnant.
- Has vaginal or penile discharge.
- Wets the bed.
- Fecal soiling.
- Exhibits development lags (stunting of his/her physical, emotional and/or mental growth).

## **Neglect**

*In many cases, more than one of the following indicators will be present.*

### Behavioral Indicators

- Is truant or tardy to school often or arrives early and stays late.
- Begs, steals or hoards food.
- Attempts suicide.
- Uses or abuses alcohol and/or other drugs.
- Is extremely dependent or detached.
- Engages in delinquent behavior, such as prostitution or stealing.
- Appears to be exhausted.
- States frequent or continual absence of parent or guardian.

### Physical Indicators

- Frequently is dirty, unwashed, hungry, or inappropriately dressed.
- Engages in dangerous activities (possibly because he or she generally is unsupervised).
- Is tired and listless.
- Has unattended physical problems.
- May appear to be overworked and/or exploited.
- Exhibits development lags (stunting of his/her physical, emotional and/or mental growth).

## **Economic**

*This type of abuse is more difficult to identify.*

### Behavioral Indicators

- May appear to be overworked and/or exploited.
- Basic needs may not be provided for.

### Physical Indicators

- Physical indicators of any other type(s) of abuse may be present.

# To Report Suspected Abuse

## **What do I do if a Child, Youth or Vulnerable Adult discloses abuse?**

Listen.

Assure the person the abuse was not his or her fault.

Let the person know you believe him or her.

Reassure the person that he or she will be safe.

Tell the person he or she was right to disclose.

Avoid questions that could make the person feel responsible.

Avoid expressing shock or outrage.

Don't threaten or condemn the alleged perpetrator.

Collect essential details for the report.

Write down exactly what the person said.

Follow reporting procedures.

\*Conducting your own investigation or evaluating an allegation or suspicion may harm the youth or the legal investigative process. However, depending on the circumstances, it may be appropriate to ask a few clarifying questions of the youth or person making the allegation to adequately report the suspicion or allegation to the authorities. Even if the claim seems questionable, the claims should still be brought to the attention of a pastor on the same day that the claims are expressed and an incident report, at least, filed. One copy kept by the person filling out the report, and one given to the pastor.

## **Who Should Report Abuse?**

Volunteers (supervisors/staff can help you make the report)

Staff

Mandatory reporters (professionals, or professionals delegates, law enforcement, teacher, doctors, nurses, social workers).

## **How to Report?**

Make the report immediately or within 24-hours. When in doubt, make a report.

If you know or suspect that a child or youth is in immediate danger, call 911.

Otherwise call Department of Human Services 1-800-362-2178.

## **What to report?**

Who is the victim?

Who is their abuser or caregiver?

Date, time, location of incident?

Any evidence of previous maltreatment?

## **Protection for Reporters:**

No civil or criminal liability for good faith reports.

Identity of reporter not divulged (except with consent or by court order).

There are penalties for retaliation against a reporter.

There is civil protection for good faith investigative activities.

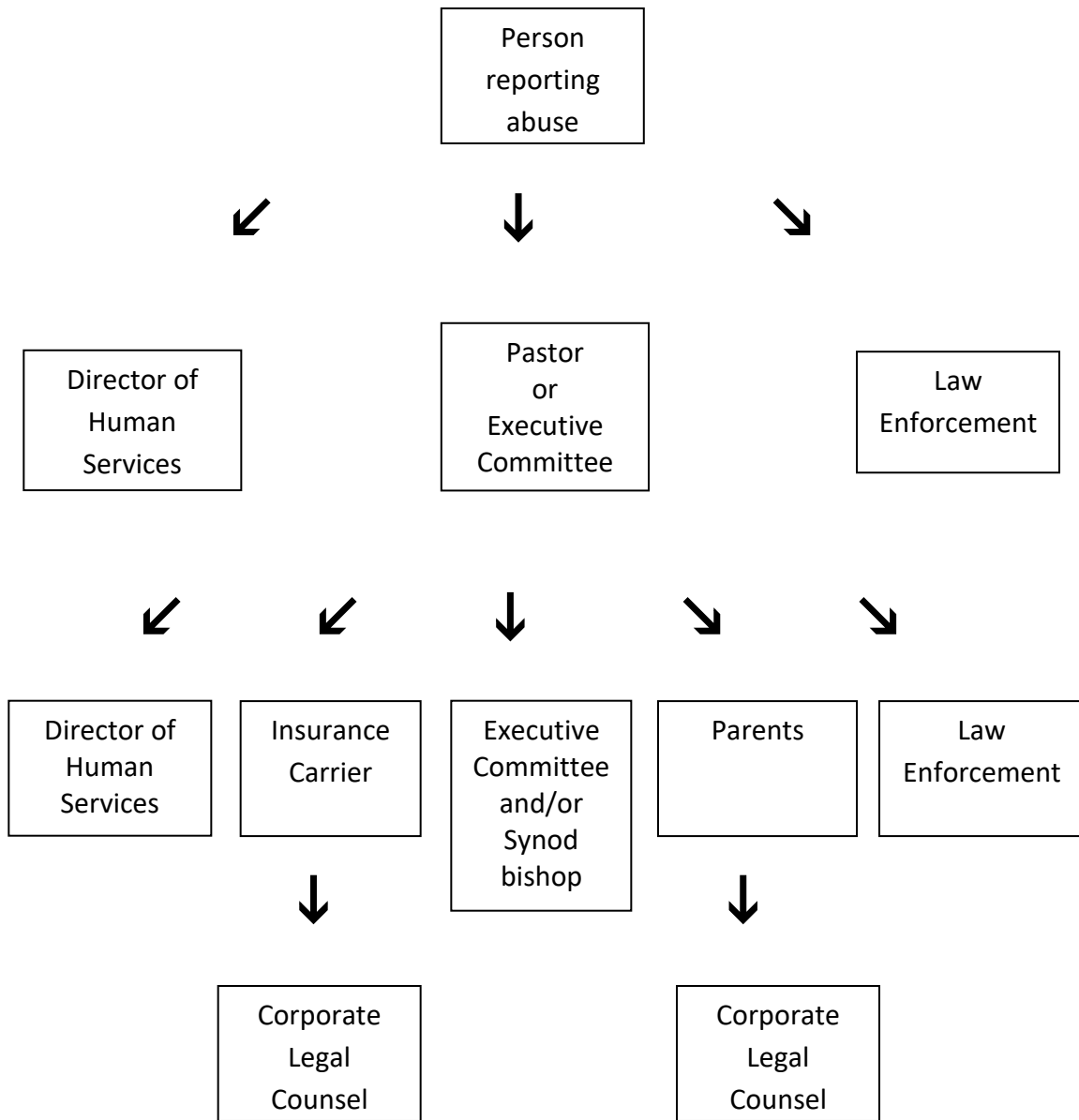
All persons in the course of their employment or ministry efforts or facilitation involvement have a responsibility to report actual or suspected child abuse or neglect whether or not it may have occurred on the Our Saviour's Lutheran Church campus.

# Response to Allegations of Abuse by Staff

(demonstrated additionally with a flow chart on next page)

1. Have accuser fill out completely and sign the incident report in this document.
2. Call next person in the chain, according to the flow chart on the following page, informing them of the incident, making the report available, as needed.
3. Secure the report in a confidential file.
4. The Pastor, or his/her designee, shall take all allegations seriously and shall notify the parents, except where prohibited by law (e.g., when the accused is a family member of the victim or living with a family member) and give pastoral support to the alleged victim and victim's family, unless the accused is the pastor.
5. The allegation of abuse shall be reported to Our Saviour's Executive Committee, Our Saviour's insurance carrier and the Western Iowa Synod Bishop.
6. In the case of alleged abuse by the pastor, the Western Iowa Synod will meet with the victim and the pastor separately to determine the synod's course of action.
7. The Pastor, or his/her designee, shall treat the accused with dignity and support.
8. The accused will be expected to cooperate fully in any investigation.
9. The accused may be relieved of duties with pay during an investigation or otherwise isolated from contact with children.
10. Upon completion of the synod's investigation, the synod bishop will communicate to the victim, the alleged perpetrator and to the council president their recommended course of action.
11. OSLC insurance carrier, if needed, will designate legal counsel.
12. An official from Our Saviour's insurance carrier will meet with the alleged perpetrator and notify him/her of the results of the investigation and recommendations for action.
13. An official from Our Saviour's insurance carrier will meet with the alleged victim, along with his/her parents or guardians, and notify them of the results of the investigation and recommendations for action.
14. During the investigation, the insurance official shall maintain contact with the alleged victim and his/her parents or legal guardians, and inform them of the actions taken and assist them in their process of healing.
15. Our Saviour's pastor or designee shall communicate with criminal and civil legal counsel of the insurance carrier.
16. Our Saviour's pastor or designee shall communicate with those affected by the ministry of the alleged perpetrator.
17. Our Saviour's shall assign or hire a spokesperson to respond to or prepare a statement for the media if the need shall arise, subject to the approval of the insurance carrier's attorney.
18. Our Saviour's will provide support, debriefing and/or counseling or will make counseling available to reporters and bystanders should such abuse occur.
19. A pastor or staff person of Our Saviour's found to have engaged in abuse may be disciplined as provided for in Our Saviour's Lutheran church's personnel policy and according to the policies of the governing synod.
20. Care for the privacy and confidentiality of all involved shall be safeguarded.

# Structure for Reporting Child Abuse/Neglect Allegedly Perpetrated by Staff



# Response to Allegations of Abuse by Non-staff

(demonstrated additionally with a flow chart on next page)

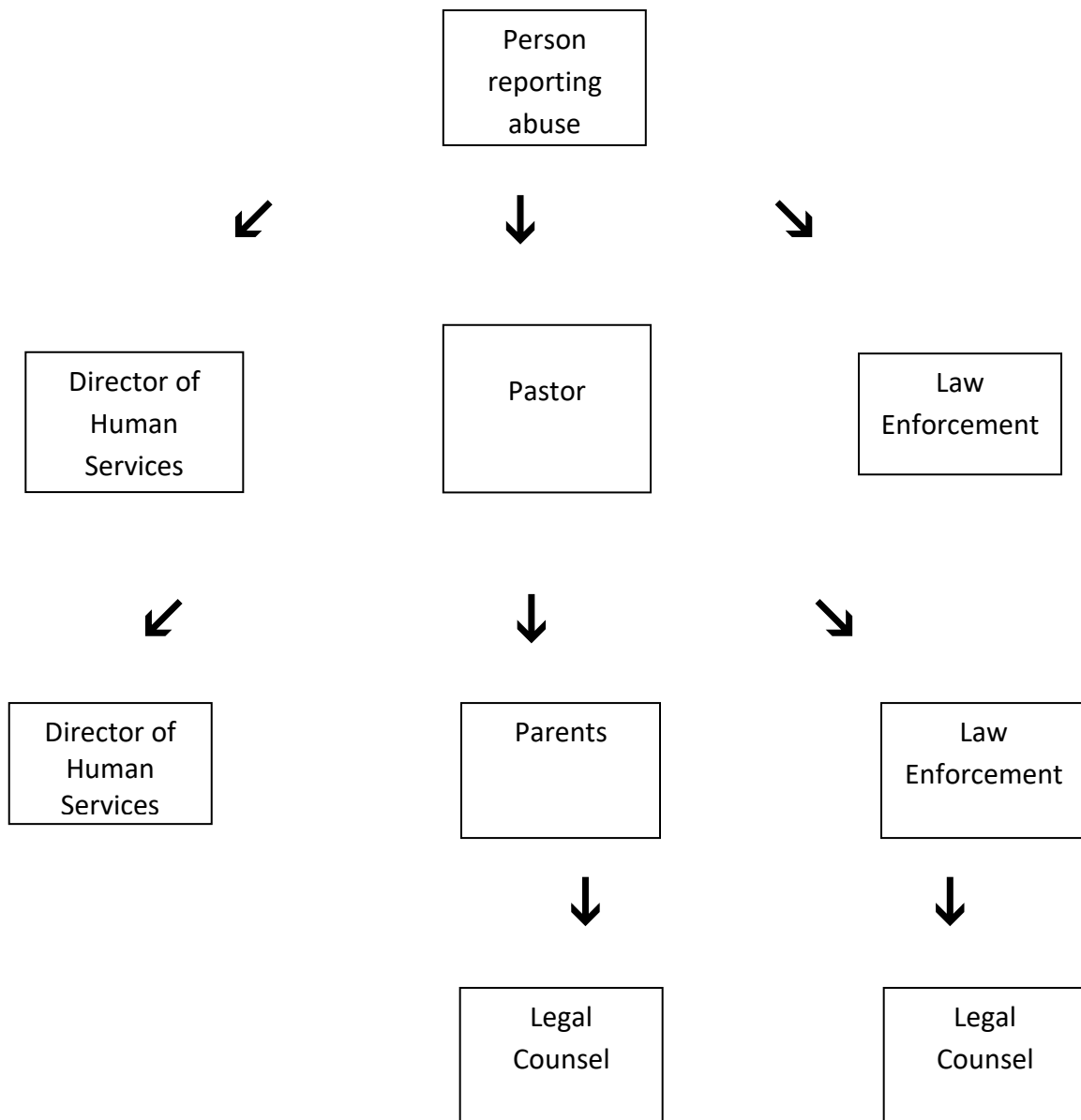
1. Any volunteer who suspects a child or vulnerable adult has been abused, or someone who has been abused themselves may report directly to Department of Human Services, or report to Our Saviour's youth worker or pastors, who, in turn will report to the Department of Human Services. The accuser may give you a verbal report only.
2. A written report (complete with dates, names, places, details of conversation, exact statements of accusations, etc.) should be made using the DHS form (Form K).
3. If the child or vulnerable adult is believed to be in immediate danger, the police shall be notified.
4. Call next person in the chain, according to the flow chart on the following page, informing them of the incident, as needed.
5. Secure the report in a confidential file.
6. The Pastor, or his/her designee, shall take all allegations seriously and shall notify the parents of the victim, except where prohibited by law (e.g., when the accused is a family member of the victim or living with a family member).
7. The Pastor, or his/her designee, in the case of abuse by a youth participant, whether a minor or 18 years or older, shall contact the parents of the accused.
8. The victim and accused shall both be treated with dignity. Pastoral support should be offered to both parties. If this is not possible or prudent, a referral may be made.
9. Our Saviour's staff or volunteers making such a report will be immune from civil or criminal liability when making a report.
10. Our Saviour's will provide support, debriefing and/or counseling or will make it available to reporters and bystanders should such abuse occur.

*If the abuse happened during a church-sponsored activity:*

11. *The allegation of abuse shall be reported to Our Saviour's insurance carrier to determine if pastors or staff from Our Saviour's acted negligently or in violation of the policies of this document in service to the abuse.*
12. In the case of an act of negligence by an Our Saviour's staff or volunteer, an official from Our Saviour's insurance carrier will meet with the Pastor and staff member and notify him/her of the results of the investigation and recommendations for action and/or revisions to policy.
13. *If the accused is found guilty, Our Saviour's bears liability only in relation to negligence or actions by Our Saviour's staff in violation of this document and not for the accused.*
14. An official from Our Saviour's insurance carrier may also meet with the alleged victim, along with his/her parents or guardians, and notify them of the results of the investigation, recommendations for action, the actions taken and assist them in their process of healing.
15. Our Saviour's shall assign or hire a spokesperson to respond to or prepare a statement for the media if the need shall arise, subject to the approval of the insurance carrier's attorney.
16. Care for the privacy and confidentiality of all involved shall be safeguarded.



# Structure for Reporting Child Abuse/Neglect Allegedly Perpetrated by Non-staff



# Form A

## SAFE SANCTUARY FOR CHILDREN & YOUTH

### Confidential Application for Staff & Volunteers

### Who Work with Children, Youth or Vulnerable Adults

Our Saviour's Lutheran Church  
1212 Sumner Avenue South, Humboldt, IA 50548

Ministry to our children and youth is deeply valued at Our Saviour's Lutheran Church. To help Our Saviour's provide a safe and secure environment for children and youth, we ask youth staff and volunteers to complete this information.

#### PERSONAL

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

Name: \_\_\_\_\_  
Last First Middle

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Length of time at this address? \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If under a year, list previous address: \_\_\_\_\_

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Length of current employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

List current volunteer activities: \_\_\_\_\_

---

Do you have any training/certification in first aid or CPR? Yes No

Date of last certification: \_\_\_\_\_

Have you been or are you currently serving as a paid staff or volunteer worker with children or youth in which you have already undergone and met screening requirements? Yes No

If yes, with whom? \_\_\_\_\_

Please indicate the type of youth or children's work you are interested in: \_\_\_\_\_

---

Form A (cont.)

Do you have a current driver's license? Yes No

If yes, please list your driver's license number: \_\_\_\_\_  
*Identity must be confirmed with a state driver's license or other photographic ID.*

Have you ever been arrested for, convicted of or pleaded guilty to a crime against child, a sex crime or any felony? Yes No

Have you ever been found responsible for the maltreatment of a child through a child protective assessment? Yes No

If yes, please explain. Attach a separate page, if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you a victim of abuse or molestation while a minor? Yes No If you answer "yes", you may discuss answer in confidence with the senior pastor or associate pastor. Answering "yes" will not automatically disqualify an applicant for children or youth work.

**CHURCH HISTORY AND PRIOR YOUTH WORK**

Date of membership at Our Saviour's, Humboldt: \_\_\_\_\_

If not a member, list other church of worship affiliation: \_\_\_\_\_

List name and address of other churches you have attended regularly during the past five years:

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

List all previous church work involving youth or children:  
*Use separate page, if necessary, to include all church work with youth or children.*

Church name: \_\_\_\_\_

Church address: \_\_\_\_\_

Work performed: \_\_\_\_\_

Dates involved: \_\_\_\_\_

Church name: \_\_\_\_\_

Church address: \_\_\_\_\_

Work performed: \_\_\_\_\_

Dates involved: \_\_\_\_\_

Form A (cont.)

List all previous non-church work involving youth or children.

*Use separate page, if necessary, to include all non-church work with youth or children.*

Organization's name: \_\_\_\_\_

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

Work performed: \_\_\_\_\_

Dates involved: \_\_\_\_\_

Organization's name: \_\_\_\_\_

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

Work performed: \_\_\_\_\_

Dates involved: \_\_\_\_\_

List any training, education, gifts or other factors that have prepared you for children or youth work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations you believe prevent you from doing certain types of activities? Yes No

If yes, please explain: \_\_\_\_\_

**REFERENCES**

At least one of these reference should be an Our Saviour's member. If you have been a member for 1 year or less, one of your references should be the senior pastor or associate pastor from the church where you were a member just prior.

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

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

Telephone: \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_

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

**APPLICANT'S STATEMENT** Please check all statements as you agree to them.

\_\_\_\_\_ The information contained in this screening application is correct to the best of my knowledge.

\_\_\_\_\_ I, the undersigned, give my authorization to Our Saviour's Lutheran Church representatives to verify the information on this form. Our Saviour's Lutheran Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a church youth volunteer/staff. I am willing to request and submit to Our Saviour's background reports on myself from the Iowa Department of Social Services central registry.

\_\_\_\_\_ I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work with children or youth. In consideration of the receipt and evaluation of the application by Our Saviour's Lutheran Church, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, any heirs, or family, because of compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

\_\_\_\_\_ Should my application be accepted, I agree to abide by the constitution, statement of faith and policies of Our Saviour's Lutheran Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of Our Saviour's. If I violate these guidelines, I understand that my role as volunteer and/or paid staff member may be terminated.

\_\_\_\_\_ I further state that I have carefully read the forgoing release and know the contents of it. I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Applicant's signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

If you are under 18 years of age, a parent or guardian's signature is required.

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Form B

### **CONFIDENTIAL IN-PERSON INTERVIEW for Workers with Children & Youth**

Our Saviour's Lutheran Church  
1212 Sumner Avenue South, Humboldt, IA 50548

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

Ministry Leader: \_\_\_\_\_

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

Time: \_\_\_\_\_

1. How long have you been coming to Our Saviour's Lutheran Church? What brought you to Our Saviour's?
2. Are you currently a member or interested in pursuing membership at Our Saviour's?  
*(If they are interested in membership submit their name and address to the church office and tell applicant someone will be contacting them.)*
3. What is your church background? Have you been baptized? If so, where?
4. Tell me about your family background growing up. (Father, mother, sister, brother) who/what influenced your faith development?
5. Tell me something about yourself. Married? Children? Career? Hobbies/activities?

Form C (cont.)

6. Tell me about your faith and what it means in your life.

21. Why are you interested in serving in this ministry?

22. Have you had any experience with children/youth? What outside organizations involving children/youth have you served with?

15. Is there a specific age group you'd like to work with? Why?

16. What type of supervisory situations do you prefer?

17. What makes you a good candidate for working with youth? Is there anyone who would suggest you not work with youth? Why or why not?

18. What other hobbies do you enjoy?

23. What questions do you have of us or the ministry here at Our Saviour's?

Placement: \_\_\_\_\_  
(Age/Grade) (Hour) (Position)

# Form C

## REFERENCE CHECK FORM

\_\_\_\_\_ is applying to become a volunteer youth worker with Our Saviour's Lutheran Church and has given your name as a personal reference.

This person will be in close contact with students, and we want to ensure that these relationships will be healthy ones. Please complete the form below and send us your evaluation of this person's character and integrity. Your response will remain confidential.

1. Describe your relationship with this person.

2. How long have you known this person?

How would you rate his/her ability in the following:

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 3. Involvement in peer relationships?  | 1 | 2 | 3 | 4 | 5 |
| 4. Emotional maturity?                 | 1 | 2 | 3 | 4 | 5 |
| 5. Resolving conflict?                 | 1 | 2 | 3 | 4 | 5 |
| 6. Following through with commitments? | 1 | 2 | 3 | 4 | 5 |
| 7. Ability to relate to students?      | 1 | 2 | 3 | 4 | 5 |
| 8. Spiritual maturity?                 | 1 | 2 | 3 | 4 | 5 |

What are this applicant's greatest strengths?

Why would this person be a good candidate for working with youth? Is there and reason this person should not work with youth?

Is there anything that I should have asked that I didn't ask?

\_\_\_ Please check here if you have concerns that you would prefer discussing in person.

Thank you for taking the time to fill this out. If you have any questions regarding this reference, please contact Pastor Lissa Kahl at 515-332-3438 or [pastorlissakahl@gmail.com](mailto:pastorlissakahl@gmail.com)

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/title of reference: \_\_\_\_\_

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



**Form D**

**SAFE SANCTUARY FOR CHILDREN & YOUTH**  
**Training Verification & Acceptance of Policy Form**

Our Saviour's Lutheran Church  
1212 Sumner Avenue South, Humboldt, IA 50548  
(515) 332-3438

Yes No I have read thoroughly and understand "Safe Sanctuary for Children",  
Our Saviour's Lutheran Church's Child Safety and Abuse Policy.

Yes No I understand it is my responsibility to become familiar with and adhere to  
the information contained herein.

Yes No I agree to abide by the policies and procedures outlined in "Safe Sanctuary for  
Children", Our Saviour's Lutheran Church's Child Safety and Abuse Policy.

Yes No If incidence of child abuse or criminal activity is proved, I understand my role  
as role as volunteer and/or paid staff member will be terminated.

Date of Training: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Last First Middle

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

\*Training in Safe Policy is good for 2 years after date of training was received.

# Form E

Iowa Department of Human Services

## AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, PO Box 4826, Des Moines, Iowa 50305.

<b>PART A: To be completed by the person requesting information.</b>					
1.	Requester				
	Address				
	City	State	Zip Code	Phone Number ( )	
2.	The information concerns:				
	Name (first, middle initial, last)				
	Maiden Name or Alias (if applicable)		Birth Date	Social Security Number	
	Address				
	City	State	Zip Code	County	
3.	What is the purpose of your request for child abuse information?				
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.				
	Signature			Date	
<b>PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.</b>					
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.					
Signature			Date		
<b>PART C: To be completed by the Central Abuse Registry or designee.</b>					
1.	<input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.				
2.	<input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.				
3.	<input type="checkbox"/> This request for information is denied because the form is incomplete.				
Signature			Date		
Comments					

# Form F

## Volunteer Driver's Requirements

Drivers for off-site Our Saviour's Lutheran Church activities carrying passengers in their vehicles who are not members of their own family must meet certain safety requirements. They must have a valid driver's license and be between the ages of 25-65 years old; if not, they must have a clean driving record – no moving violations or accidents. They must carry auto insurance and, specifically, liability insurance, as their insurance will be considered primary and the church's insurance secondary. **A copy of their driver's license and insurance card must be on file at the church.** The vehicle they are using must be safe with no known major problems. They must not have been convicted of a misdemeanor or felony. Our Saviour's Lutheran Church reserves the right to do a motor vehicle background check at the discretion of the pastor or council.

While transporting participants, every person in the vehicle shall be wearing a seat belt and all driving laws will be observed. Two adults are recommended per vehicle. Safe cell phone use will be observed.

Check all that apply:

I am between the ages of 25 and 65 years of age; or I am not between the ages of 25 and 65 years of age, but have a clean driving record.

I have a valid driver's license.

The vehicle I am transporting Our Saviour's participants in is currently insured.

The insurance for this vehicle includes liability insurance.

The church has a current copy of this vehicle's insurance card on file.

The church has a current copy of my driver's license on file.

The vehicle I am driving is safe:

- all taillights are in working order,
- tires are in good condition,
- there are no major problems with the engine or brakes, and
- the vehicle has been regularly maintained.

I have not been convicted of an OWI (Operating While Intoxicated), drug-related driving charge or reckless driving.

I have not been convicted of a misdemeanor or a felony, or if I have, I have completely disclosed all misdemeanors and felonies to the pastor and/or council and have been approved to drive for church events.

I do not have any medical conditions that could affect my ability to safely transport students or adults.

I agree to abide by safety procedures established by the church and abide by all laws.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Office use only:** DMV check date: \_\_\_\_\_

# of Moving violations? \_\_\_\_\_ Accidents within the last year: Yes No Approved to Drive: Yes No

# Form G

## Gas/Mileage Donation or Reimbursement Form

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

Activity: \_\_\_\_\_

Destination: \_\_\_\_\_ Mileage: \_\_\_\_\_

Choose one of the following:

I would like to donate my gas.

I would like to be reimbursed gas.

I would like to be reimbursed mileage at the current IRS charitable rate (\$0.14/mile).

# Form H

## OUR SAVIOUR'S LUTHERAN CHURCH YOUTH PERMISSION AND MEDICAL RELEASE SEPTEMBER (year) through AUGUST (year)

Completion and signature of this form (or one with same content) by a parent or legal guardian is required before participation in youth activities.

### Participant:

Name: \_\_\_\_\_ Circle 1: Male Female  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Our Saviour's kid: Y or N  
Youth lives with (circle one): both parents mother father both separately  
Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ home phone # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Address (if different from mother's): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contacts:

Primary Contact: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Backup Contact: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Insurance Policy:

Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relation to Youth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Insurance Policy #: \_\_\_\_\_ Plan #: \_\_\_\_\_

### Permission - parent signature required

I, (print name of parent) \_\_\_\_\_, am the parent or legal guardian of (name of youth) \_\_\_\_\_, and I am informed of the activities offered by Our Saviour's Lutheran Church, located at 1212 Sumner Avenue S., Humboldt, IA. As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by and/or attended by Our Saviour's Lutheran Church.

Additional: My child is to be excluded from the following activities:

Signature of parent: \_\_\_\_\_

**Authorization for pick-up:**

The following people are authorized to pick up my child:

The following people are not authorized to pick up my child:

**Medical Treatment Consent - parent signature required:**

I consent to examination and treatment of my child by a qualified physician and/or hospital emergency room. I also understand that neither Our Saviour's Lutheran Church, any sponsoring organization nor anyone connected with Our Saviour's Lutheran Church nor any sponsoring organization will assume any responsibility for accidents or sickness incurred by my child while at their scheduled activity. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical History and Immunization Dates:**

Does the youth have any of the following? (If yes, please explain):

Drug allergies: \_\_\_\_\_ Food allergies: \_\_\_\_\_

Allergies to insect bites: \_\_\_\_\_ Special dietary needs: \_\_\_\_\_

Asthma: \_\_\_\_\_ Frequent headaches, dizziness or seizures: \_\_\_\_\_

Other health problems or limitation of activities: \_\_\_\_\_

Medications the youth is taking: \_\_\_\_\_

Last Tetanus (DPT, YT or TD) \_\_\_\_\_

\*\*\*Please note: Our staff cannot administer any medications, prescription or non-prescription to youth. This includes over-the-counter medicines for minor headaches or pains. Youth leaders may keep medications in their possession for the youth to administer themselves.

**Physician's Information:**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

**Photography consent**

Circle one: Our Saviour's **has / done not have** my consent to take pictures of my youth and post them, safely and unnamed, in public places such as the church building, church worship screen and church Facebook page.

# Form I

## PARTICIPANT'S CONTRACT

*Completion and signature of this form (or one with same/similar content) by the youth is required before participation in youth activities.*

1. I will not bring with me or use any illegal substances, alcohol, tobacco or weapons.
2. I will follow the scheduled program of activities and cooperate with my leaders and peers.
3. I will participate in all activities with an open and inquiring mind.
4. I will be respectful of the feelings of others and try my best to show the face of God to those I meet.
5. I will keep in mind the safety of myself and others when participating in all activities.
6. I will use appropriate, respectful and non-romantic touch with other youth.
7. I understand that if I do not adhere to this code of conduct, I understand that I may be sent home at MY expense. If such an incident should occur, I am aware that my parents will be telephoned and informed of the circumstances and appropriate discipline procedures will be discussed and carried out.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Form J

# Incident Report

Person Reporting: \_\_\_\_\_ Date reporting: \_\_\_\_\_

Person injured/harmed: \_\_\_\_\_

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

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

Alleged perpetrator of injury/harm/abuse/inappropriate behavior: \_\_\_\_\_

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

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

Date of incident: \_\_\_\_\_ Time of Day of incident: \_\_\_\_\_

Place of incident: \_\_\_\_\_

Description of injury: \_\_\_\_\_

Person or doctor who treated injury, date, time & place: \_\_\_\_\_

Description of incident & cause: \_\_\_\_\_

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Witnesses: \_\_\_\_\_

Action taken on behalf of the injured: \_\_\_\_\_

Were policies neglected? Yes No Describe:

Could the situation have been prevented? Yes No Describe:

Is there danger this could happen again? Yes No Describe:

Person receiving incident report: \_\_\_\_\_ Date received: \_\_\_\_\_  
(Pastor or Council President)

Action taken: \_\_\_\_\_

Authorities notified: (circle) Law Enforcement Dept. of Human Services Insurance Agency

Signature of person generating this report; \_\_\_\_\_

Signature of person issuing this report to receiving person (may be same): \_\_\_\_\_

Signature of person receiving this report: \_\_\_\_\_

Resolution/outcome:



# Form K

Iowa Department of Human Services

## REPORT OF SUSPECTED CHILD ABUSE

This form may be used as the written report which the law requires all mandated reporters to file with the Department of Human Services following an oral report of suspected child abuse. If your agency has a report form or letter format which includes all of the information requested on this form, you may use the agency format in place of this form.

Fill in as much information under each category as is known. Submit the completed form within 48 hours of making the oral report to the Centralized Intake Unit, PO Box 4826, Des Moines, Iowa 50305.

FAMILY INFORMATION		
Name of child	Age	Date of birth
Address	City	State
Phone	School	Grade level
Name of parent or guardian	Phone (if different from child's)	
Address (if different from child's)		
OTHER CHILDREN IN THE HOME		
NAME	BIRTH DATE	CONDITION
INFORMATION ABOUT SUSPECTED ABUSE		
<p>In this section, indicate the date of suspected abuse; the nature, extent and cause of the suspected abuse; the persons thought to be responsible for the suspected abuse; evidence of previous abuse; and other pertinent information needed to conduct the assessment. Use the back of this form if necessary to complete the information requested above and to identify individuals who have been informed of the child abuse report, such as building administrator, supervisor, etc.</p>		
REPORTER INFORMATION		
Name and title or position		
Office address		
Phone	Relationship to child	
Names of other mandatory reporters who have knowledge of the abuse		
Signature of reporter	Date	

## Appendix A

### Iowa State Law Governing the Responsibility to Report Suspected Child Abuse

Iowa statutes govern the reporting of alleged abuse. The following statutes, among others (232.67, 232.68), are important.

#### 232.69 Mandatory and permissive reporters--training required.

1. The classes of persons enumerated in this subsection shall make a report within twenty-four hours and as provided in section 232.70, of cases of child abuse. In addition, the classes of persons enumerated in this subsection shall make a report of abuse of a child who is under twelve years of age and may make a report of abuse of a child who is twelve years of age or older, which would be defined as child abuse under section 232.68, subsection 2, paragraph "c" or "e", except that the abuse resulted from the acts or omissions of a person other than a person responsible for the care of the child.

*a.* Every health practitioner who in the scope of professional practice, examines, attends, or treats a child and who reasonably believes the child has been abused. Notwithstanding section 139A.30, this provision applies to a health practitioner who receives information confirming that a child is infected with a sexually transmitted disease.

*b.* Any of the following persons who, in the scope of professional practice or in their employment responsibilities, examines, attends, counsels, or treats a child and reasonably believes a child has suffered abuse:

(1) A self-employed social worker. (2) A social worker under the jurisdiction of the department of human services. (3) A social worker employed by a public or private agency or institution. (4) An employee or operator of a public or private health care facility. (5) A certified psychologist. (6) A licensed school employee. (7) An employee or operator of a licensed child care center or registered child care home. (8) An employee or operator of a substance abuse program or facility licensed under chapter 125. (9) An employee of a department of human services institution listed in section 218.1. (10) An employee or operator of a juvenile detention or juvenile shelter care facility. (11) An employee or operator of a foster care facility licensed or approved under chapter 237. (12) An employee or operator of a mental health center. (13) A peace officer. (14) A dental hygienist. (15) A counselor, or mental health professional.

2. Any other person who believes that a child has been abused may make a report as provided in section 232.70.

3. A person required to make a report under subsection 1, other than a physician whose professional practice does not regularly involve providing primary health care to children, shall complete two hours of training relating to the identification and reporting of child abuse within six months of initial employment or self-employment involving the examination, attending, counseling, or treatment of children on a regular basis. Within one month of initial employment or self-employment, the person shall obtain a statement of the abuse reporting requirements from the person's employer or, if self-employed, from the department. The person shall complete at least two hours of additional child abuse identification and reporting training every five years. If the person is an employee of a hospital or similar institution, or of a public or private institution, agency, or facility, the employer shall be responsible for providing the child abuse identification and reporting training. If the person is self-employed, the person shall be responsible for

obtaining the child abuse identification and reporting training. The person may complete the initial or additional training as part of a continuing education program required under chapter 272C or may complete the training as part of a training program offered by the department of human services, the department of education, an area education agency, a school district, the Iowa law enforcement academy, or a similar public agency.

### 232.70 Reporting procedure.

1. Each report made by a mandatory reporter, as defined in section 232.69, subsection 1, shall be made both orally and in writing. Each report made by a permissive reporter, as defined in section 232.69, subsection 2, may be oral, written, or both.
2. The oral report shall be made by telephone or otherwise to the department of human services. If the person making the report has reason to believe that immediate protection for the child is advisable, that person shall also make an oral report to an appropriate law enforcement agency.
3. The written report shall be made to the department of human services within forty-eight hours after such oral report.
4. Upon receipt of a report the department shall do all of the following:
  - a. Immediately, upon receipt of an oral report, make a determination as to whether the report constitutes an allegation of child abuse as defined in section 232.68.
  - b. Notify the appropriate county attorney of the receipt of the report.
5. The oral and written reports shall contain the following information, or as much thereof as the person making the report is able to furnish:
  - a. The names and home address of the child and the child's parents or other persons believed to be responsible for the child's care;
  - b. The child's present whereabouts if not the same as the parent's or other person's home address;
  - c. The child's age;
  - d. The nature and extent of the child's injuries, including any evidence of previous injuries;
  - e. The name, age and condition of other children in the same home;
  - f. Any other information which the person making the report believes might be helpful in establishing the cause of the injury to the child, the identity of the person or persons responsible for the injury, or in providing assistance to the child; and
  - g. The name and address of the person making the report.
6. A report made by a permissive reporter, as defined in section 232.69, subsection 2, shall be regarded as a report pursuant to this chapter whether or not the report contains all of the information required by this section and may be made to the department of human services, county attorney, or law enforcement agency. If the report is made to any agency other than the department of human services, such agency shall promptly refer the report to the department of human services.
7. If a report would be determined to constitute an allegation of child abuse as defined under section 232.68, subsection 2, paragraph "c" or "e", except that the suspected abuse resulted from the acts or omissions of a person other than a person responsible for the care of the child, the department shall refer the report to the appropriate law enforcement agency having jurisdiction to investigate the allegation. The department shall refer the report orally as soon as practicable and in writing within seventy-two hours of receiving the report.
8. Within twenty-four hours of receiving a report from a mandatory or permissive reporter, the department shall inform the reporter, orally or by other appropriate means, whether or not the department has commenced an assessment of the allegation in the report.