

# First Congregational Church of Hadley



## Safe Church Policy

September 2017

First Congregational Church of Hadley  
102 Middle Street  
Hadley, MA 01035

“...but Jesus said, “Let the little children come to me, and do not stop them; for it is to such as these that the kingdom of heaven belongs.”

Matthew 19:14 NRSV



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# SAFE CHURCH POLICY

The First Congregational Church of Hadley takes seriously our call and responsibility as Christians to guard and protect the safety, well-being, and healthy spiritual nurture of all people, especially children and youth. We covenant with one another to provide a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by this congregation. This covenant and Safe Church Policy reflect our deep commitment in making this congregation a holy place of safety and protection for all people, and a faith community where individuals can experience the love of God in Christ through healthy relationships with one another.

- I. Volunteers and staff working with children and youth:
  - A. All designated volunteers and paid staff, working directly with children and youth, will agree to the following general safe church policies. There may be exceptions or additions to these guidelines in specific situations. All members of the congregation are responsible for knowing and upholding these guidelines even if not working directly with children or youth.
  - B. All volunteers will fill out a volunteer form that will be on file with the Christian Education Director.
  - C. All volunteers over the age of 18 must agree to a criminal background check (CORI) every year, the results of which will be known only to the Safe Church Coordinator, Moderator, and Clerk.
  - D. Anyone who has been convicted of child abuse (sexual, physical or emotional) will not work with children and youth.
  - E. Volunteer supervisors of children through the sixth grade must be in at least ninth grade and fourteen years of age unless they are accompanied by an adult supervisor. A roaming staff person will provide support and supervision as needed. Volunteer supervisors of children in grades seven through twelve must be at least five years older than their students.
  - F. All volunteers and leaders will attend an orientation meeting provided by the Church that includes information about child/youth safety and abuse, and will read the Safe Church Policy and agree to the covenant. Training will be held for volunteers regarding recognizing and reporting abuse and inappropriate behavior.
  - G. Volunteers and leaders will report to one of the mandated reporters: the Safe Church Coordinator, Christian Education Director, Pastor, and/or the Moderator, any behavior that seems abusive or inappropriate and any known or suspected abuse. The policy to deal with accusations of child abuse will be followed and can be found in the Policy for Reporting Abuse and Neglect on page 6 of this document.

II. Sunday School and child and youth activities:

- A. All Sunday School rooms will be equipped with unobstructed windows facing the hallway or open doors between classrooms. There will be either two unrelated adults in the classrooms or one adult in each classroom and a roaming adult to make random checks of classes.
- B. At no time should adult or teen volunteers or paid staff be one on one with a child or youth in an isolated or closed area or situation unless there is expressed written permission on file in the Church office from the child/youth's legal parent or guardian stating otherwise for specific situations.
- C. If an incident should occur, such as an injury, adult individuals who witnessed the event will fill out an Incident Report. A blank copy of the report and further definitions of an "incident" can be found on page 14 in the "Forms" section.
- D. Young children will not be released from an activity, including church school, unless their parent, legal guardian or other designated person is present to take them. (Information regarding a "designated person" must be given to the adult volunteer or staff in charge by parents or legal guardians.) Children involved in an activity at church will not be permitted to leave the church building unless by permission of their parents or legal guardians.
- E. An individual's personal privacy will be respected at all times. Only appropriate and welcomed physical contact is acceptable.
- F. Discipline: The purpose of discipline with children and youth is to maintain order in a manner consistent with the teaching of religious responsibility, respect and cooperation. No child shall be disciplined by the use of spanking, hitting, slapping, or any form of physical punishment. Verbal reprimands shall not include destructive criticism, insult or shouting. Teachers, advisors and aides and others helping in the classroom are encouraged to listen to the child, communicate expectations of appropriate behavior, use time-outs or give alternate choices. If a child is disruptive, a teacher or aide from the class or a neighboring class may bring the child back to the sanctuary to rejoin his/her parents/legal guardians.
- G. All children and youth will have a permission slip and medical release form signed by their parents or legal guardians before they will be permitted to leave the church property for designated church activities.
- H. Every church youth event will have a minimum of two adults present at all times (except for transportation, car rides see section II. J below).
- I. At any overnight event, there will be a minimum of two adults present at all times. If any child is male at least one adult must be male; if any child is female, at least one

adult must be female. At an overnight, if the two adults are related then a third adult must be present.

- J. Transportation car rides: Preference is for two unrelated adults in the vehicle with the children. If only one adult is present, there must be at least two children in the car, unless the driver is the child's parent or legal guardian.
    - i. Volunteers providing transportation must have:
      - 1. A valid driver's license.
      - 2. Be 25-70 years old, or if a youth pastor or director, 21-70 years old.
        - a. Drivers over age 70 can be submitted to the Safe Church Coordinator for review along with a Physician's Report of Driver Fitness. For a copy of the form please see page 23 in the "Forms" section at the end of this document.
      - 3. Have appropriate car insurance. It is strongly recommended that employees and volunteers driving their own personal vehicle on church's business are to carry minimum personal auto liability limits of \$100,000/\$300,000/\$100,000.
      - 4. Not have *any* alcohol or drug-related violations for the prior five (5) years.
      - 5. Have no more than one (1) minor moving violation for the prior three (3) years. For examples of "minor moving violations" please see Supplementary Materials 2 on page 10.
        - a. For drivers ages 21-25, they can have *no* minor moving violations in the prior three (3) years.
      - 6. Have *no* major moving violations. For examples please see Supplementary Materials 2 on page 10.
    - ii. Drivers under the age of 21 will not provide transportation for others when on official church business.
  - K. The use of any drugs, tobacco or alcoholic products on or in congregation facilities or at congregation sponsored youth events is not permitted.
- III. All persons will have read and agreed to abide by all policies and procedures herein. Signature upon the appropriate application or volunteer form denotes a willingness to remain in compliance with these guidelines and their additions.
- IV. Reports of child abuse will be handled according to the Policy for Reporting Abuse and Neglect found on page 6 of this document.

# Safe Church Coordinator Guidelines

- I. A Safe Church Coordinator will be appointed by the Church Council every three years based on a satisfactory background check (CORI).
- II. The Safe Church Coordinator will report to the Church Council and attend Council meetings as needed.
- III. The Safe Church Coordinator is responsible for enforcing the Safe Church Policy.
- IV. The Safe Church Coordinator will work with the Church Clerk to make sure CORI checks are renewed every year and will be privy to this information.
- V. The Safe Church Coordinator will work with the Christian Education Director to make sure that all of the necessary forms are filled out correctly: i.e. volunteer forms, Sunday School registration forms, etc.
- VI. He or she will be a mandated reporter. Other mandated reporters include the Christian Education Director, the Pastor, and the Moderator.
- VII. If there is an accusation of abuse toward a child or youth, the Safe Church Coordinator and other mandated reporters will follow the safe guards and procedures stipulated in the Policy for Reporting Child Abuse and Neglect, found on page 6.
- VIII. At the end of each year the Church Council and the Safe Church Coordinator will evaluate the effectiveness of the Safe Church Policy.
- IX. The Safe Church Coordinator is responsible for writing and submitting an annual report.



# Policy for Reporting Abuse and Neglect

Please see the attached “Definitions of Child Abuse and Neglect” in Supplementary Materials 1 on page 9 to better assess the situation.

Please note that this policy **needs** to be followed in regards to all allegations. Our insurance company has advised us that not following a policy in all cases is worse than having no policy.

1. All allegations will be taken seriously.
2. The abuse accusation will be reported promptly to the Safe Church Coordinator. If the Safe Church Coordinator is unavailable, the abuse accusation will be reported to the other mandated reporters in this order of availability: Christian Education Director, the Pastor, and then the Moderator.
3. If the abuse takes place on Church property or at a Church sponsored event, an Incident Report will be filled out by witnesses of the event. For a blank copy of an Incident Report please see page 14 in the “Forms” section of this document.
4. Under the requirements of the Massachusetts Law, the mandated reporter will immediately report any allegation of serious physical or emotional injury resulting from abuse or neglect of children under the age of 18 to the Department of Children and Families by:
  - A. Immediately reporting by oral communication to the local Department of Children and Families (DCF) office, phone (413) 775-5000, Monday through Friday 9am to 5pm. At other times call the Child-at-Risk hotline at 1-800-792-5200.
  - B. Completing and sending in the attached written report, found on page 11 of the “Forms” section at the end of this document, to the appropriate Department of Children and Families office within **48 hours** of making the oral report. The form can be mailed or faxed:

**Greenfield Area Office**  
143 Munson St., Unit 4  
Greenfield, MA 01301  
(413) 775-5000  
fax (413) 773-5773

Note that any mandated reporter who fails to file required oral and written reports can be punished by a fine of up to \$1,000.00.

5. If there is a question about whether the claim is serious enough to require a call to DCF, call DCF to inform them of the situation and ask for their advice on whether or not to make a claim.

6. The Church will cooperate fully with all investigations.
7. Notify parent(s) or legal guardian(s) of alleged complainant if they are not the accused.
8. Response to allegations must be handled with due respect for *everyone's* privacy and confidentiality.
9. The care and safety of the alleged victim(s) are the first priority. Extend whatever pastoral resources are needed.
10. Treat the accused with dignity and respect and offer support. Advise them to stay away from the premises of the church and to have no contact with the victim(s) or witness(es).
  - A. If the accused is a volunteer:
    - i. he/she will be relieved temporarily of his/her duties until the investigation is completed.
    - ii. If the allegations are substantiated, the individual will no longer work with children or youth and in extreme cases will have his/her membership or affiliation with the church revoked.
  - B. If the accused is a paid employee:
    - i. he/she will be relieved temporarily of his/her duties until the investigation is completed.
    - ii. A decision will be made by his/her supervisor with ratification by the Church Council to maintain or suspend his/her income, as appropriate, until the allegations are cleared or substantiated.
    - iii. If the allegations are substantiated, the individual will be dismissed from his/her position and in extreme cases will have his/her membership or affiliation with the church revoked.
11. The Church Council will be notified of the claim and will honor privacy issues as appropriate to the situation.
12. The Church's insurance company will be notified of any legal ramifications of alleged abuse. A copy of the Incident Report will be submitted as well as all documents and allegations related to the accusation(s).
13. The Church Council will assign one person to serve as the only authorized person to speak to the media. Advice of legal counsel will be sought before responding to media inquiries.
14. The Church Council, which includes both the pastor and Safe Church Coordinator, and the Christian Education Director with the help of legal counsel will decide and consult about how to best communicate the claim to the congregation.
15. The Church leadership will be called upon to work on a healing process for the entire

congregation, especially for the victims and their family. If deemed necessary, trained professional counselors may be used to help the congregation through this difficult process and to enable healing, trust and restoration to begin.

16. Any person bringing a child abuse complaint or assisting in investigating such a complaint will not be adversely affected in terms and conditions of employment, church membership or affiliation, or otherwise discriminated against or discharged. The victim will not be held responsible in any way.
17. All discussions and investigations will be documented and kept in a locked file by the Safe Church Coordinator.

# Supplementary Materials 1:

## Definitions of Child Abuse and Neglect

The following definitions may be found under the Department of Children and Families Regulations (110 CMR, section 2.00):

**Abuse:** the non-accidental commission of any act by a caretaker upon a child under age 18 which causes, or creates a substantial risk of, physical or emotional injury; or constitutes a sexual offense under the laws of the Commonwealth; or any sexual contact between a caretaker and a child under the care of that individual. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting).

**Shaken Baby Syndrome:** infants, babies or small children who suffer injuries or death from severe shaking, jerking, pushing or pulling may have been victims of Shaken Baby Syndrome. The act of shaking a baby is considered physical abuse, as spinal, head and neck injuries often result from violently shaking young children.

**Neglect:** Failure by a caretaker, either deliberately or through negligence or inability to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home setting).

**Emotional Injury:** an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

**Physical Injury:** Death; or fracture of a bone, subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or soft tissue swelling or skin bruising, depending upon such factors as the child's age, circumstances under which the injury occurred and the number and location of bruises; or addiction to a drug or drugs at birth; or failure to thrive.

**Institutional Abuse or Neglect:** Abuse or neglect which occurs in any facility for children, including, but not limited to, group homes, residential or public or private schools, hospitals, detention and treatment facilities, family foster care homes, group day care centers and family day care homes.

For more information go to <http://www.mass.gov/eohhs/gov/departments/dcf/child-abuse-neglect/>, especially Chapter 119, Sections 51A-E and C:MR. 110, section 2.00.

## Supplementary Materials 2:

### Examples of Minor Moving Violations

Please note that this list is not all inclusive.

- Altered license or unlawful use of license or permit
- Any passing violation
- Driving on the wrong side of the road or in the wrong direction
- Failure to yield to emergency vehicles
- Failure to yield at intersection, stop sign, or traffic device
- Moving violation resulting in filing of evidence of financial responsibility
- School bus or school zone violation
- Speed equal to or less than 20 mph over the limit
- Talking or texting on a cell phone while driving

### Examples of Major Moving Violations

Please note that this list is not all inclusive.

- Careless/reckless driving.
- Drag racing or participation in speed contests
- Speed in excess of 20 mph over the limit
- Driver's license suspended, revoked, canceled, or barred
- Failure to stop and report accident involvement
- Violation of Open Container Law
- Possession of alcohol or drugs
- Carrying a concealed weapon
- Felony use of a motor vehicle
- Homicide/assault while operating a vehicle
- Manslaughter or vehicular homicide
- Motor vehicle theft



## Report of Child(ren) Alleged to be Suffering from Abuse or Neglect



Massachusetts law requires mandated reporters to immediately make a report to the Department of Children and Families (DCF) when they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect by:

**STEP 1:** Immediately reporting by oral communication to the local DCF Area Office (see contact information at end of form); and

**STEP 2:** Completing and sending this written report to the local DCF Area Office within 48 hours of making the oral report.

For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see A Guide for Mandated Reporters available on the DCF website at [www.mass.gov/dcf](http://www.mass.gov/dcf).

Please complete all sections of this form. If some data is uncertain or unknown, please signify by placing a question mark ("?") after the entry.

**CHILDREN REPORTED**

Name	Current Location/Address	Language Spoken	Birth Sex		Age or Date of Birth	ICWA/Tribal Affiliation
			Male	Female		

**EMERGENCY CONTACT(S) FOR CHILDREN REPORTED:** Please list the emergency contact information for all of the reported children, including contact name, relationship, and contact number information.

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**OTHER CHILDREN:** Please include information about other children in the home/family, including name and age/date of birth (if known).

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**PARENT, GUARDIAN OR CAREGIVER 1**

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

First	Last	Middle
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Address: \_\_\_\_\_

Street & Number	City / Town	State	Zip Code
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Phone #: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

**PARENT, GUARDIAN OR CARGIVER 2**

Name:

First

Last

Middle

Address:

Street & Number

City / Town

State

Zip Code

Phone #:

Age/Date of Birth:

Language Spoken:

Relationship to Child(ren):

**REPORTER / REPORT**

Report Date:

Mandatory Report

Non Mandatory Report

Reporter's Name:

First

Last

Middle

(If the reporter represents an institution, school or facility, please indicate)

Reporter's Address:

Street & Number

City / Town

State

Zip Code

Phone #:

Has reporter informed caregiver of report ?

Yes

No

What is the reporter's relationship to the child(ren)?

What is the nature and extent of injury, abuse, maltreatment or neglect? Please list any prior evidence of same and/or other worries regarding danger to the child(ren). (Please cite the source of this information if not observed firsthand.)

**RELATED CONCERNS:** Please check all that apply.

Substance Use/Misuse

Acute/Chronic Medical Condition

Runaway

Substance Exposed Newborn

Housing Instability/Homelessness

Gang Involvement

Neonatal Abstinence Syndrome

Human Trafficking/Labor

None Applies

Domestic Violence

Human Trafficking/Sexually Exploited Child

Unknown

Mental/Behavioral Health Challenges

Teen Parenting

Other

**DESCRIPTION OF RELATED CONCERNS:** Please include additional information that will help DCF further understand the concerns checked above. This includes any specific concerns about alcohol/drug use by the parent/guardian/caregiver. If there are concerns related to domestic violence, please also list any information that will help DCF make safe contact with the family (e.g., work schedule, place of employment, daily routines for the adult victim, etc.).

If known, please provide the name(s) and address, phone #, DOB/age, relationship to child, and language spoken of the person(s) responsible for the injury, abuse, maltreatment or neglect and/or any other information that you think might be helpful in establishing the cause of the injury, abuse, maltreatment or neglect.



What are the circumstances under which the reporter became aware of the injury, abuse, maltreatment or neglect? Please include information on dates and timeframes for when the injury, abuse, maltreatment or neglect occurred.

Pedikit# (if applicable): \_\_\_\_\_ Incident Date (if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What action has been taken thus far to treat, shelter or otherwise assist the child(ren) to deal with the situation?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any concerns for social worker safety?  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any information about the family's strengths and capacities that you think will be helpful to DCF in ensuring the child's safety and supporting the family to address the abuse and/or neglect concerns.  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Reporter: \_\_\_\_\_

To report child abuse and/or neglect: Weekdays from 9:00 am to 5:00 pm call the local DCF Area Office.  
Weekdays after 5:00 pm and 24 hours on weekends and holidays call the  
Child-At-Risk-Hotline 1-800-792-5200

**DCF AREA OFFICES**

**Boston Region**

Dimock Street, Roxbury 617-989-2800  
Harbor, Chelsea 617-660-3400  
Hyde Park 617-363-5000  
Park Street, Dorchester 617-822-4700

**Central Region**

North Central, Leominster 978-353-3600  
South Central, Whitinsville 508-929-1000  
Worcester East 508-793-8000  
Worcester West 508-929-2000

**Northern Region**

Cambridge/Somerville 617-520-8700  
Cape Ann, Salem 978-825-3800  
Framingham 508-424-0100  
Haverhill 978-469-8800  
Lawrence 978-557-2500  
Lowell 978-275-6800  
Lynn 781-477-1600  
Malden 781-388-7100

**Southern Region**

Arlington 781-641-8500  
Brockton 508-894-3700  
Cape Cod & Islands 508-760-0200  
Coastal, Braintree 781-794-4400  
Fall River 508-235-9800  
Plymouth 508-732-6200  
New Bedford 508-910-1000  
Taunton/Attleboro 508-821-7000

**Western Region**

Greenfield 413-775-5000  
Holyoke 413-493-2600  
Pittsfield 413-236-1800  
Robert Van Wart Center,  
East Springfield 413-205-0500  
Springfield 413-452-3200





First Congregational Church of Hadley  
Incident Report

Was the above information:

Reported to you by someone else? If so, who: \_\_\_\_\_

OR

Directly observed/witnessed by you?

Action(s) Taken: (Check all that apply.)

Provided First Aid      What/When \_\_\_\_\_

Call placed to 911      By Whom \_\_\_\_\_

Taken to hospital      By Whom \_\_\_\_\_

Notified Parent/Guardian      Who/When \_\_\_\_\_

Notified Church Official      Who/When \_\_\_\_\_  
(Safe Church Coordinator)

Notified Authorities      Who/When \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

Witness(es) to Incident:

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

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

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

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

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

First Congregational Church of Hadley  
Incident Report

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

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

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

Printed Name of Person Completing this Report: \_\_\_\_\_

Position at the First Congregational Church of Hadley: \_\_\_\_\_

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

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

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

Signature of the Safe Church Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

## WITNESS REPORT

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

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

Phone: Primary \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

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

Date/Time of Incident: \_\_\_\_\_

Fully Describe What You Observed:

First Congregational Church of Hadley  
Incident Report

Anyone else you know who may have witnessed the incident?

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

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

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

Printed Name of Witness: \_\_\_\_\_

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

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

This form is based off GuideOne Center for Risk Management, LLC's SafeChurch Sample Incident Report. Copyright 2011 (December 2011).

# First Congregational Church of Hadley Youth Registration Form

\*\*\* This is a generic copy, for the most up to date form, please see the CE Director \*\*\*

Parent/Guardian(s): \_\_\_\_\_

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

Email(s): \_\_\_\_\_

Cell Phone (For Emergency): \_\_\_\_\_ Home Phone: \_\_\_\_\_

It is our goal to make our Youth Ministry a wonderful experience for your child(ren) and deepen their faith with God. We may practice a fire drill or go outdoors during class, so please send your children dressed appropriately for outdoors (we won't go outside in Rain or Snow). If you would like a copy of the Safe Church Policy, please contact the Church Office.

### Release Policy

Child(ren) are to be picked up promptly after worship service is over in their respective classroom (s). Children will be released by their Teachers ONLY to Parent/Guardian(s) or other designated adults listed on this form. A written note or prior contact with the Christian Education Director is **required** if this changes at any time.

Contact: Christian Education Director. Please contact the Church Office for the most current information.

### Permission for Use of Images

Occasionally, photos of youth and activities are included on our church website, Facebook page, or brochures. We do NOT include the name of your child or "tag" them in any pictures. In order for your child's image to be included in any of these areas, the First Congregational Church of Hadley **must** have your written permission on file. It is required to **check YES or NO** to express your permission to use images next to **each** child's name below.

#### Image Permission

Child #1 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Yes  No

Child #2 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Yes  No

Child #3 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Yes  No

My child(ren) has allergy(s) or health concerns that our Staff or volunteers should know about. Important details are listed on the back of this sheet.

My child(ren) has special needs or needs special accommodations. Please contact me to discuss.

I am an Adult and interested in volunteering:  Nursery  Sunday School  Chaperone Event

I have Youth(s) in grade 9 and up interested in volunteering and Merit/Community Service hours.

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

Parent/Guardian Printed Name: \_\_\_\_\_

**Designated adult(s) who may pick up my child(ren) from Sunday School:**

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_





## FIRST CONGREGATIONAL CHURCH OF HADLEY YOUTH VOLUNTEER APPLICATION FORM

It is the goal of this church to create a safe and secure environment for all children and workers who are involved in church activities. To help meet this goal, it is necessary to gather pertinent information from those who volunteer to help in our children and youth programs. This information will be used for the sole purpose of helping the church provide a safe and secure environment for its children and workers.

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

Have you ever used name(s) other than the one above? If yes, please list:

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

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: Primary \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Email(s) \_\_\_\_\_

Current place of employment: \_\_\_\_\_

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

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

Position you would like to volunteer for: \_\_\_\_\_

**References:** Please list two individual references not related to yourself or your family.

Name: \_\_\_\_\_ Phone and Email: \_\_\_\_\_  
\_\_\_\_\_

How long have you know this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone and Email: \_\_\_\_\_

First Congregational Church of Hadley  
Youth Volunteer Application Form

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How long have you know this person? \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have a valid driver's license and proper car insurance for providing transportation to and from Church sponsored activities? (Please see our Safe Church Policy for guidelines). \_\_\_\_\_

License number \_\_\_\_\_ State issued \_\_\_\_\_

Insurance company \_\_\_\_\_

Have you ever had your driver's license suspended or revoked? \_\_\_\_\_

If yes, please explain.

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How long have you attended the First Congregational Church of Hadley? \_\_\_\_\_

Are you a member? \_\_\_\_\_ Please list other churches you have attended for a significant period of time: \_\_\_\_\_

Have you ever worked with youth or children in a paid or volunteer capacity? \_\_\_\_\_

Please explain where, when, and in what capacity:

Is there any reason why you should NOT work with or around children or youth? \_\_\_\_\_

Have you ever been the subject of a child abuse investigation? \_\_\_\_\_

If yes, I will discuss the nature of the investigation with the Safe Church Coordinator. \_\_\_\_\_

Have you ever been charged, convicted or pled no contest to a felony? \_\_\_\_\_

If yes, I will discuss the nature of this felony with the Safe Church Coordinator. \_\_\_\_\_

First Congregational Church of Hadley  
Youth Volunteer Application Form

I agree to read all necessary materials and to attend orientation/training meetings about the program I am volunteering for. \_\_\_\_\_

I have read and agree to the Safe Church Policy of the First Congregational Church of Hadley and promise to follow its policies and procedures. \_\_\_\_\_

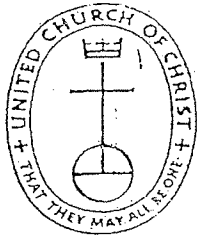
The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to provide information that they may have regarding my character and fitness for children/youth work. I understand that a Criminal Records Background Check (CORI) is required to be considered for service. I will meet with the Church Clerk to submit the necessary materials for this background check.

---

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

Please return this application to the Christian Education Director. Please meet with the Church Clerk to submit necessary CORI documents.





First Congregational Church  
United Church of Christ

102 Middle Street, Hadley MA 01035

(413) 584-4117

FCCOH  
172H  
FE2134

CHAPTER 6, § 172H CORI REQUEST FORM

First Congregational Church of Hadley is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

VOLUNTEER INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

MAIDEN NAME OR ALIAS (IF APPLICABLE) \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER XXX - - - \*ID Theft Index PIN (if applicable)

*last six digits (required)*

MOTHER'S MAIDEN NAME \_\_\_\_\_

CURRENT AND FORMER ADDRESSES: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ (include state of issue)

\*\*\*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE  
*Clerk of F. C. C. a H.,*

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.





