

**Appendix A**  
**New Hope Presbyterian Church Child/Youth Protection Policy**

**CONFIDENTIAL INFORMATION FORM**

*Must be completed by all volunteer leaders for child/youth activities, and all volunteers who drive children and youth on the church's behalf.*

Please know that the information gathered below is only asked in the spirit of utmost interest of our youngest and most vulnerable members – our children and youth.

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

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

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

Other Names You Have Used: \_\_\_\_\_

**Application to Serve as a Child/Youth Leader:**

Yes \_\_\_ No \_\_\_ Have you been active in the life of this church for more than six months?

Yes \_\_\_ No \_\_\_ Have you been convicted of, or pled guilty or no contest to, a criminal offense (felony or misdemeanor, except minor traffic violations)? If "Yes", please describe:

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

Yes \_\_\_ No \_\_\_ Have you ever been charged with a sexual offense, offense relating to children, or crime of violence? If "Yes", please describe:

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

Yes \_\_\_ No \_\_\_ Have you ever been reported to a social service agency, law enforcement agency, child abuse registry, or similar organization regarding child abuse or neglect? If "Yes", please describe:

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

**Application to Drive Children and Youth:**

Yes \_\_\_ No \_\_\_ Do you have a valid driver's license?

Yes \_\_\_ No \_\_\_ Are you twenty-one years of age or older?

Continued over.....

## Appendix A (continued)

Yes \_\_\_\_ No \_\_\_\_ Have you been convicted of, or pled guilty or no contest to, any moving violations within the last three years? If "Yes", please describe:

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Yes \_\_\_\_ No \_\_\_\_ Has your driver's license ever been suspended or revoked?

Yes \_\_\_\_ No \_\_\_\_ Do you carry at least the minimum required level of personal automobile insurance?

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Copy of insurance card provided: \_\_\_\_ (Y/N)

Yes \_\_\_\_ No \_\_\_\_ Do you agree to require seat belt usage at all times, and car safety seat usage when appropriate?

Yes \_\_\_\_ No \_\_\_\_ Do you agree to transport persons only in vehicles that are in safe working condition?

**I confirm that the above information is accurate and complete.**

**I have received, and read, a copy of the church's Child/Youth Protection Policy \_\_\_\_ (Initials)**

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

Continued over .....

Appendix A (continued)

**Consent to Perform Background Checks For Drivers and Overnight Activity Leaders and Chaperones.**

***The church is required by law to obtain the following authorization before requesting criminal background and driving record history checks:***

By my signature below, I authorize New Hope Presbyterian Church, or its agent, to conduct criminal background and driving record history checks. I acknowledge that I have the right to review and challenge any negative information that would adversely affect a decision to let me chaperone and / or drive children and youth at New Hope Presbyterian Church. Upon request, I will be provided with the name, address, and telephone number of the reporting agency.

I understand that these background checks require my Social Security Number.

My Social Security Number is \_\_\_\_\_

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

I have had background checks run in the past (through employers, citizenship application etc.). For more information please contact :

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

At: \_\_\_\_\_

Tel #: \_\_\_\_\_

**The information given on this form will be treated as confidential, and the form will be kept in a locked location in the office of New Hope Presbyterian Church, Katy, Texas.**

**Appendix B**  
**New Hope Presbyterian Church Child/Youth Protection Policy**

**ACTIVITY PLAN (Overnight / Outside Katy area)**

Dear Children/Youth and Parents:

**We are going to:** \_\_\_\_\_

We are leaving on: (day of the week and date) \_\_\_\_\_

Meet at: (place and time) \_\_\_\_\_

We will be returning on: (day of the week and date) \_\_\_\_\_

Pick us up at: (place and time) \_\_\_\_\_

The leaders/sponsors are \_\_\_\_\_ and \_\_\_\_\_

The drivers are: \_\_\_\_\_ and \_\_\_\_\_

We will be staying at \_\_\_\_\_ Tel # \_\_\_\_\_

We will be participating in the following activities \_\_\_\_\_

If YOU need to contact US during the activity (because of an emergency) call:

Name: \_\_\_\_\_ Tel # \_\_\_\_\_

Name: \_\_\_\_\_ Tel # \_\_\_\_\_

Cost per person: \_\_\_\_\_

***Please pay by (date) \_\_\_\_\_, and make checks payable to New Hope Presbyterian Church.***

Attached is a list of items you need to bring, and any additional forms you need to submit.

**Parents, please update medical and insurance information if it has changed.**

We are looking forward to the trip !!

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(Please complete and sign the portion below, detach it, and return it (with your payment) to the activity leader)

Name of participant: \_\_\_\_\_

I am unable to drop off / pick up (circle if applicable), from the above-mentioned meeting points, and have arranged for the following person to do so.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel # \_\_\_\_\_

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

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

Parent / Guardian Emergency Contact # \_\_\_\_\_



**Appendix D**  
**New Hope Presbyterian Church Child/Youth Protection Policy**

**SUNDAY SCHOOL REGISTRATION FORM**

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

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Tel # (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthday: (mm/dd/yy) \_\_\_\_\_ Grade level: \_\_\_\_\_

Siblings: (Names/ages) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies or other health issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel # where parents can be reached during Sunday School (if they are not staying in the building): \_\_\_\_\_

\_\_\_\_\_

**Appendix E**  
**New Hope Presbyterian Church Child/Youth Protection Policy**

**ACTIVITIES PARTICIPATION RELEASE**

Name of Participant: \_\_\_\_\_

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

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

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

Home Tel #: \_\_\_\_\_ Other Phone #(s): \_\_\_\_\_

Age of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Functions and Activities:**

It is my understanding that participation in the programs, recreational activities, and other activities of New Hope Presbyterian Church is a privilege. Prior to my child's participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability:**

By signing this Participation Release, I expressly warrant that the child/youth named above, or I if I am a participant, is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at the time. I further release New Hope Presbyterian Church and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or I may have against them as a result of injury, or illness incurred during the course of participation in these activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's family or my family or estate, heirs, representatives, or assigns may have against New Hope Presbyterian Church or its members, leaders, employees, volunteers, or agents.

**Indemnification:**

I further agree to indemnify and hold harmless New Hope Presbyterian Church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child or me during such activities.

***I represent that I am the parent/guardian of the child named above, who is under 18 years of age and a participant in activities for children and youth at New Hope Presbyterian Church. I have read the above Participation Release and am fully familiar with the contents thereof.***

**This Participation Release shall remain in effect for one year from the date of signing.**

**I have received, and read, a copy of the church's Child/Youth Protection Policy. \_\_\_\_\_(Initials)**

***I agree to inform New Hope Presbyterian Church if I am involved in a child custody dispute over any of my children currently attending New Hope Presbyterian Church. \_\_\_\_\_(Initials)***

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

**Appendix F**  
**New Hope Presbyterian Church Child/Youth Protection Policy**

**MEDICAL RELEASE**

Name of Participant: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Other Phone(s): \_\_\_\_\_

Age of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication(s) Being Taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Pertinent Health Information: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Medical Insurance ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**First Aid and Emergency Medical Treatment:**

I recognize that there may be occasions where the child named above, or I if I am a participant, may be in need of first aid or medical treatment as the result of an accident, illness, or other health condition or injury. I hereby give permission for agents of New Hope Presbyterian Church to seek and secure any needed medical attention or treatment for the child named above, or me if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery, and again I agree to pay for the medical treatment.

*I also agree to notify agents of New Hope Presbyterian Church if there are any changes in the above information that I have submitted.*

\_\_\_\_\_ (Initials) **I have attached a copy of the front and back of my medical insurance card.**

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

## Appendix G

### New Hope Presbyterian Church Child/Youth Protection Policy

#### PUBLICITY RELEASE

Name of Participant: \_\_\_\_\_

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

On occasion, New Hope Presbyterian Church takes photographs or makes audio or video recordings of children and/or adults involved in church activities. Such photographs or recordings may be used by staff and volunteers to remember the activities and participants, and may be used in the church's publications or advertising materials (including our website) to let others know about its ministry. Any public use of such recordings must be approved by the church, The church may also invite local news organizations to photograph or record our events for news reporting or special interest features.

*I consent / do not consent (circle one) to the use of any such photograph or audio or video recording of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church deem appropriate.*

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

# Appendix H

## New Hope Presbyterian Church Child/Youth Protection Policy

### **IDENTIFYING CHILD ABUSE AND NEGLECT**

*Adapted from information provided by the Texas Department of Family and Protective Services*

- Adults should BE AWARE of the physical signs of child abuse and neglect, as well as changes in behaviors and relationships with peers. Remember, if it doesn't seem right, it probably isn't.
- Adults should LISTEN to what children say. They may speak directly to you or a friend, but they may also speak through play, school work, or their reaction to books they read.
- Children need adult ROLE MODELS who provide them with positive, nurturing reinforcement of their own worth. Church volunteers and employees are in a unique position to be such models. Their behaviors and actions are seen regularly by children and may provide a basis for learning.

### **Possible Signs of Child Abuse and Neglect**

#### **Physical Abuse**

- Frequent injuries such as bruises, cuts, black eyes, or burns, especially when a child cannot adequately explain the cause.
- Frequent complaints of pain without obvious injury.
- Burns or bruises in an unusual pattern that may indicate a human bite, cigarette burns, or the use of an instrument on the face, arms, legs or palms.
- Lack of reaction to pain.
- Fear of going home or seeing a parent.
- Injuries that appear after the child has not been seen for several days.
- Unseasonable clothes that may hide injuries to the arms or legs.
- Reluctance about sitting down.
- Evidence of poor self-concept.
- Complaints of beatings or other harsh treatments.
- Chronic runaway.

#### **Sexual Abuse**

- Physical signs of sexually transmitted disease.
- Evidence of injury to the genital area.
- Pregnancy in a young girl.
- Difficulty in sitting or walking.
- Extreme fear of being left alone with members of the opposite sex.
- Exhibits sexually suggestive or promiscuous behavior.
- Knowledgeable about sexual relations.
- Reports sexual assault.
- Complaints of pain or itching in the genital area.
- Unusual odors from the genital area.
- Drawings or writings with strong, often bizarre, sexual theme.
- Suicide attempts.
- Regressed clingy behavior.
- Poor peer relationships.
- Declining grades.
- Abrupt change in behavior.

### **Emotional Abuse**

- Speech disorders.
- Habit disorders.
- Conduct disorders.
- Developmental lags.
- Delinquent behavior.
- Overly adaptive behavior.
- Substance abuse.

### **Neglect**

- Obvious malnutrition.
- Dirty hair and body / offensive body odor.
- Habitually dressed in torn and dirty clothes.
- Obvious fatigue and listlessness.
- Unattended for long periods of time.
- In need of glasses, dental care, and other medical attention.
- Begs for, or steals, food.
- Abnormally short or underweight for age.

**Appendix I**  
**New Hope Presbyterian Church Child/Youth Protection Policy**

**ABUSE INCIDENT REPORT FORM**

(Deliver immediately to the Pastor or Clerk of Session)

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ Place: \_\_\_\_\_

Name(s) of Child(ren): \_\_\_\_\_ Ages: \_\_\_\_\_

Child's parent or other person responsible for the child's care: \_\_\_\_\_

Name(s) of person(s) suspected of doing a prohibited act (as described in the protection policy):  
\_\_\_\_\_

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Relationship of the accused to the child: \_\_\_\_\_

Briefly describe what happened:

What was the child's demeanor and appearance?

What, if anything, did the child say about the incident?

What immediate action was taken?

Were there any witnesses? Does anyone else have relevant information?  
(Give names and telephone numbers)

Printed name of person reporting: \_\_\_\_\_

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

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

Report submitted to: \_\_\_\_\_

**Reporter's signature:** \_\_\_\_\_

Comp[letting this Incident Report (suspected of witnessed) Form will immediately activate New Hope Presbyterian Church's Response Team. The appropriate law enforcement agency will be given this form's information on a confidential basis.

# LEADER'S CHECKLIST -- for activities AT New Hope

\_\_\_ Activity verbally approved by two elders on Session (\_\_\_\_\_ & \_\_\_\_\_).

\_\_\_ Two approved leaders assigned (more if needed).

\_\_\_ Parents given names of activity leaders and helpers.

\_\_\_ Have copy of signed Participation Release for each participant.

\_\_\_ Have copy of signed Medical Release for each participant.

\_\_\_ Have copy of front and back of current medical insurance card for each participant.

\_\_\_ Have copy of signed Publicity Release for each participant.

## Additional Requirements for OVERNIGHT Activities at New Hope

\_\_\_ Male leader or chaperone assigned if boys are to be present.

\_\_\_ Female leader or chaperone assigned if girls are to be present.

\_\_\_ Emergency contact numbers obtained from any parents who are going to unreachable during the activity.

\_\_\_ Obtained names of designated person (if other than parent) to drop off or pick up child or youth (and written permission of the parent if the driver is under the age of 21 years).

## **LEADER'S CHECKLIST - for activities AWAY FROM New Hope**

- \_\_\_ Activity verbally approved by two elders on Session (\_\_\_\_\_ & \_\_\_\_\_)
- \_\_\_ Two approved adult leaders assigned (more if needed).
- \_\_\_ Activity Plan Form completed and signed (by parent) for each participant.
- \_\_\_ Have copy of signed Participation Release for each participant.
- \_\_\_ Have copy of signed Medical Release for each participant (up to date?).
- \_\_\_ Have copy of front and back of medical insurance card for each participant.
- \_\_\_ Have copy of signed Publicity Release for each participant.
- \_\_\_ Male leader or chaperone assigned if boys are to be present.
- \_\_\_ Female leader or chaperone assigned if girls are to be present.
- \_\_\_ Drivers are over the age of 21 years.
- \_\_\_ Drivers have been approved by the Safeguards Team (CE & CDC elders, CE Director)
- \_\_\_ Drivers under 21 years of age have written permission from their passengers' parents.
- \_\_\_ Signed Confidential Information Form on file for each driver (up to date?).
- \_\_\_ Minimum of three people (including the driver) per vehicle.