

BLOSSOM HILL MENNONITE CHURCH CHILD PROTECTION POLICY

2026 UPDATED POLICY

Theological Statement of Blossom Hill Mennonite Church: We are a community of faith, rooted in Jesus, cultivating justice, and welcoming all as children known and loved by God.

This policy outlines Blossom Hill Mennonite Church's expectations for appropriate behavior regarding the care and supervision of children and youth. We want to help assure a safe, loving, and open atmosphere for children and youth, as well as adults who work with them, as they worship, study, play, and are nurtured in their Christian faith. This policy outlines expectations for those who attend Blossom Hill so that all are able to pursue activities and worship in a safe environment where abusive conduct is not tolerated, and prevention efforts are supported.

DEFINITIONS:

Child Abuse is defined by Pennsylvania's Child Protection Services Law (CPSL) to include ten different categories of abuse. Those categories include, but are not limited to: bodily injury, serious mental injury, sexual abuse or exploitation and serious neglect. This policy focuses on child abuse as defined in the CPSL. A complete list can be found on page 5 of this document. .

Approved Adults and Volunteers: anyone over 18 years of age who has satisfied the requirements of this Child Protection policy who has attended Blossom Hill Mennonite Church for a minimum of 6 months. Can be either a volunteer or an employee of BHMC.

Child Protection Committee (CPC): will implement and enforce the Child Protection Policy at Blossom Hill Mennonite Church. The CPC shall consist of Children and Youth Minister, Office Administrator, Nursery Committee designee, and two members at large from the congregation as appointed by the gifts discernment committee. All members of the committee will be approved by the Administrative Team.

The Committee will:

1. Implement and enforce this Child Protection Policy.
2. Review and make recommendations to the Administrative Team for revising congregation policy regarding the safety of our children/youth.
3. Provide/arrange for training for all staff and approved adults working with the children/youth regarding child abuse and the Child Protection Policy.
4. Maintain a list of Approved Adults and disseminate within the church community.
5. Monitor Approved Adults to ensure that policies are being followed.
6. Keep the Administrative Team apprised of all activities of the committee.
7. Be kept apprised of investigations.
8. The committee reserves the right to determine who gets to be an approved adult and continue to be an approved adult.

Under the jurisdiction of the CPC Chair (Children/Youth Minister) and the Office Administrator, all applications will be reviewed, requests for clearances will be collected and maintained and reports of suspected abuse will be received and processed.

The Child Protection Committee is accountable to the Administrative Team and will submit a report, at a minimum, to the Team in October on actions taken during the previous year and planned actions for the upcoming year. The CPC may meet as often as necessary but must meet at least annually.

REQUIRED TRAINING:

Training: In order to be an Approved Adult, a volunteer or staff member must participate in a child protection training that covers recognizing and responding to child abuse, mandated reporting requirements, and church guidelines and practices.

Fall Training: A course will be held each year to review policies and procedures in working with children and youth.

Volunteers or staff who cannot attend in person must review a recording of the training in order to remain an Approved Adult.

REQUIREMENTS FOR CLEARANCES:

Approved adults must attend Blossom Hill Mennonite Church for a minimum of 6 months before volunteering with children/youth.

The following forms are required to apply to become an approved adult and forms can be found in the Appendix.

1. Approved Adult Application
2. Pennsylvania State Police Request for Criminal Record
3. Pennsylvania Child Abuse History Certification
4. FBI fingerprint record check (this is required for employees, credentialed leaders, youth mentors, or volunteers who have not lived in Pennsylvania for the past 10 years and who don't have a prior FBI check)
5. Swear or Affirm Statement
6. Child Protection Covenant

After completing and submitting the above forms and completing the required training, the approved adult will receive a Letter of Acceptance by Blossom Hill Mennonite Church.

PORTABILITY OF CLEARANCES: While a clearance obtained for volunteer purposes may not be used for employment purposes, clearances obtained for employment at one institution may be used for employment or volunteer purposes at another institution, provided two conditions are met:

1. The certifications are current and meet the date requirements
2. A written affidavit is completed stating that the individual has not been disqualified from working with children.

RECORDS:

Applications, clearances, and related forms for employees and volunteers will be locked in a confidential file/office at the church. Clearances are confidential and will only be made available by request to current pastors and CPC members. Upon request, individuals may be provided a copy of their own clearances.

GENERAL GUIDELINES FOR PROTECTION CHILDREN/YOUTH:

Child abuse is prohibited. Those who accept the special responsibility of working with the congregation's children and youth shall not violate that responsibility by committing any form of child abuse. Please see Appendix for the ten categories of child abuse defined within Pennsylvania's Child Protective Services Law (CPSL).

1. **Two Approved Adults Rule:** For all activities organized by the church that involve children and youth, including the nursery, no fewer than two approved adults should be present. These adults should not be members of the same family. During Sunday School where only one approved adult is available, another approved adult is assigned as a roamer to move in and out of classrooms throughout the session.
2. **Helpers:** In the nursery, vacation bible school and other volunteer settings, youth ages 12-18 may volunteer under the supervision of approved adults
3. **Visibility:** All activities and meetings with children/youth must be conducted in a way to allow visibility, e.g. glass areas of doors will not be obstructed, doors will be open to allow easy observation of the room. Abuse can be perpetuated by an older child/youth, do not send two children/youth with a four or more year age difference to isolated settings, e.g., bathroom, tent, empty classroom.

4. **Before, during, after services:** Children/youth should not be in areas of the church unsupervised e.g. church lobby, Sunday classrooms, the front of the church. Parents are responsible to monitor where their children are playing.
5. **Bathroom Policy:** In general, children should be encouraged to use the bathroom before and after classes and/or other activities. If a child needs to use the bathroom, approved adults take them, stand outside the bathroom, if the child requires assistance, volunteer gets parent, if parent is not present, approved adult gets another approved adult to stand at the door before entering the bathroom.

Diapering/Potty Assistance is to be done by a parent or care giver that dropped off the child to nursery. An approved adult will get a parent from the service to complete the diaper change.
6. **Expressions of Affection:** Children need love and true expressions of affection however, adults must use caution and common sense when physically expressing affection towards children/youth. Ask first, respect refusal, be aware of appropriate hand placement, no tickling and no physical discipline. Positive reinforcement is a tool for guiding behavior. If a child is repeatedly displaying inappropriate behavior, and redirecting hasn't worked, a parent/care giver will be notified.
7. **Permission Slips/Medical Releases/Children/Youth Registration Forms:** Permission slips and medical release forms shall be completed by parents/care givers who wish to send their children to designated church activities. These forms will be signed by the parent/caregiver annually unless needed for a special activity.
8. **Overnight activities:** Overnight activities involving youth shall be chaperoned by at least two Approved Adults. Room accommodations will be assigned as appropriate. Permission slips for overnight activities will be completed to participate. Note on showers: approved adults should shower at a separate time from youth, if monitoring of youth is needed, two approved adults need to monitor outside of the bathroom.
9. **Transportation:** An approved adult over 21 years old may provide transportation in a personal vehicle that has up to date insurance and registration as well as copy of the driver's license on file with the church. There may be no one on one transportation (one adult to one child/youth).
10. **Key Fob:** No key fob holder or individual with access to the door code will enter the church facility with a child or children who are not his or her own (or of whom the key/code holder is not a legal guardian or foster parent) at a time when there is no church related activity being held in which the child and the key/code holder are involved. In the rare case an exception is to be made to this provision, a written note from the child's parent or care giver must be submitted to the church office and approved by the assigned pastor prior to entry.
11. **Youth Mentoring Program:** Youth mentors are same-gender, Approved Adults with FBI Fingerprint Check, chosen or approved (when suggested by parent or pastor) by youth, and These relationships are an exception to the policy of needing 2 Approved Adults present for all activities with youth. Mentor and mentee will send a selfie to the Minister of Children/Youth and the photos will be kept in a google photo album to log of the times and places they meet. The child's parent or legal guardian will be copied on the text or email with the photo. Best practice for mentoring children/youth is to meet in a public space, parent/s or guardians will provide any transportation and not late in the evening. Mentors are not to engage children/youth in counseling that requires professional help. For example drug or alcohol addiction, sexual assault by a partner; severe problems with parental relationships, sustained depression or anxiety, eating disorders, suicidal tendencies, etc. A parent should be notified as well as children/youth pastor if there is a need for a counseling resource.
12. **Communication: Social Media, Email and Networking platforms:** For all electronic communication (email, text, social media messaging), include a parent, staff person or another Approved Adult to whom you are not married or related. If you need to communicate with one youth, keep the Rule of 3 in mind– one youth and two adults in the communication thread.
Whatsapp communication goes directly to Sr. Youth in a group (includes parents who signed up and is visible to all youth leaders and a staff person). Do not follow/friend youth on social media or accept their requests to follow/friend you; if you already are connected, stay in the public arena or within a group message with another Approved Adult. Seek permission in unique circumstances of youth/parent. For youth who babysit outside of church activities, the communication form is determined by the parents, youth, and congregant.

REPORTING SUSPECTED CHILD ABUSE:

All Blossom Hill Mennonite Church Approved Adults are considered mandated reporters under the Child Protective Services Law (CPSL) and are required to immediately report to the authorities if they have reasonable cause to suspect that a child has been abused. The CPSL encourages all adults, even those who are not Mandated Reports, to report suspected abuse. Minors are not mandated reporters.

CPSL definitions of child abuse:

Standards for what is considered child abuse are defined by the Child Protective Services Law (CPSL). According to the CPSL, an incident is child abuse when a perpetrator intentionally, knowingly or recklessly does any of the following:

- Causes bodily injury to a child through any recent act or failure to act.
- Fabricates, feigns or intentionally exaggerates or induces a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act;
- Causes or substantially contributes to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act;
- Causes sexual abuse or exploitation of a child through any act or failure to act;
- Creates a reasonable likelihood of bodily injury to a child through any recent act or failure to act;
- Creates a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act;
- Causes serious physical neglect of a child;
- Causes the death of the child through any act or failure to act; or,
- Engages a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102).

Child abuse also includes certain acts in which the act itself constitutes abuse without any resulting injury or condition. These acts include any of the following:

- Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child;
- Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement;
- Forcefully shaking a child under one year of age;
- Forcefully slapping or otherwise striking a child under one year of age;
- Interfering with the breathing of a child;
- Causing a child to be present during the operation of a methamphetamine laboratory, provided that the violation is being investigated by law enforcement; or
- Leaving a child unsupervised with an individual, other than the child's parent, who the parent knows or reasonably should have known was required to register as a Tier II or III sexual offender or has been determined to be a sexually violent predator or sexually violent delinquent.

These acts could have occurred within two years from the date the report is made to ChildLine, which is considered "recent" by the CPSL. Sexual abuse, serious mental injury, serious physical neglect and deaths have no time limit.

STEPS FOR REPORTING ABUSE:

1. If a child is injured or in pain, call 911 for an ambulance
2. Submit a report to Child Welfare Portal/Phone call
 - Electronically:
<https://www.pa.gov/agencies/dhs/resources/keep-kids-safe/report-child-abuse>
 - By phone: ChildLine at 1-800-932-0313
3. Notify the CPC Chair/Children/Youth Minister if they are not available, Lead Pastor

All communications regarding the report of suspected child abuse shall attempt to protect the dignity and privacy of those affected by the report including the alleged child/youth victim, and the person suspected of child abuse, while at the same time ensuring that persons in responsibility and law enforcement authorities remain full informed. The identity of the victim and the mandated reporter are confidential by law and it is legally prohibited to share their identities.

Pastoral support will be offered to all parties involved, including the alleged victim, alleged perpetrator, the person (s) who reported the suspected abuse and the families of the alleged victim and perpetrator. Decisions about how this support will be given will be made by the Child Protection Committee, Pastoral Leadership Team and the Administrative Team.

Follow Up Procedures

1. Following placement of the child abuse report to ChildLine, a pastor will inform the parent/care giver (provided that neither of the custodial parents/care givers is suspected of abuse). If the custodial parent/care giver is the alleged abuser, his/her first contact about the allegation ideally should come from either Children and Youth services, or the police, not the church. If timing is pertinent and they need to be suspended from any church activities or there are safety concerns while the investigation is taking place, church leadership (determined by the Child Protection Committee, Administrative Team, and pastoral staff) will be in contact with the alleged abuser.
2. The alleged abuser will be suspended from any position in which he or she has supervisory authority over children/youth pending the completion of the investigation.
3. The insurance company and the Atlantic Coast Conference Executive Conference Minister shall be contacted after the report is filed as a matter of routine practice if the alleged abuse involves a staff person. The alleged abuser will have their ministry restricted to exclude contact with children immediately and may be placed on paid leave for a designated period of time during the investigation.
4. The extent to which information will be shared with the congregation will be determined by the Pastoral Leadership Team, and The Administrative Team and others as appropriate. The input of the Executive Conference Minister may be sought if pastoral staff is involved.
5. The Administrative Team will authorize a pastor or other designee to act as the official spokesperson for the congregation. Only the authorized representative may speak for the congregation to news media, government agencies, attorneys or others.

PROVIDING COMMUNITY/ACCOUNTABILITY FOR
PERSONS WHO HAVE BEEN ACCUSED, CHARGED, or
CONVICTED OF ABUSIVE BEHAVIORS

When the church is made aware of allegations or concerns of abusive behaviors this policy applies. Decisions are made to keep the children of Blossom Hill safe.

The provisions in this section apply to adults who are a member, regular attender, or want to attend, who emotionally, physically or sexually abused another person or has been convicted of a felony involving harm to another individual (whether prior to or current with their participation in this church, and whether the abused person is within or outside of this congregation) or is currently charged or accused of abusive behavior shall follow a protocol of accountability established for this purpose.

When a child or youth has offended sexually, see Policy Supplement for guidance.

Individuals who have been accused, charged, or convicted of abusive behavior and/or have admitted to past sexual abuse of children and are willing to abide by the guidelines set forth in this policy, are welcome to attend worship services and adult educational activities within the limits:

- state law
- **following approval of their request to attend and participate by the Child Protection Committee and Administrative Team**
- **as well as a subsequent signing of a covenant.**

These persons are hereafter referred to as ‘individuals’.

The minimum participation guidelines by which any person who is known to have been accused, charged, or convicted of abusive behaviors may participate in the life of the congregation are set forth below, and shall be incorporated into a covenant specific for the individual. The covenant must be signed by the individual after approval by the Child Protection Committee and Administrative Team of their request to participate, and prior to attending a worship service or church function.

The Child Protection Committee and Administrative Team will consider each request for participation and will determine whether to proceed with offering a covenant. The first step will be an internal meeting. The second step will be a meeting with the individual. Such consideration may include review of documentation they deem appropriate such as court records, any current parole agreement, registration and Tier level on Megan’s Law Public Website, contact with the Parole officer, or other items. In certain situations, such as an individual designated as a “sexually violent predator,” legal counsel and/or the church’s insurance company may be consulted.

Depending on the circumstances and at the discretion of the Child Protection Committee and Administrative Team, additional restrictions may be incorporated into an individual covenant. If an individual is on probation or parole, specific provisions related to contact with children, participation in counseling, and others, will be incorporated into the covenant. The individual covenant may also permit participation in additional church activities (other than those involving children) if circumstances warrant.

An individual on probation or parole for a child sexual offense may have restrictions placed on church attendance as part of their probation/parole condition. On occasion, an exception to a “no church attendance” provision of probation/parole may be made by an officer of the court, based on the church’s capacity to manage the individual in a way that keeps them from contact with children. Any individual on probation/parole must provide the designated Pastor with a copy of the probation/parole agreement, including its terms and conditions, as well as the contact information for the parole/probation officer assigned.

Under this policy, after meeting with the individual and deeming a covenant of agreement and attendance is appropriate, leadership will disclose the identity of any individual who has been accused, charged or convicted. Relevant information that is for the safety and well being of the congregation will be shared. In some instances the individual’s identity can be located on the Megan’s Law website, via publicly accessible court records, or in media reports. Such disclosure helps to avoid the mistrust that can be created within the congregation when members discover and circulate such information independently. This also allows adult survivors of sexual abuse, and parents of young children, to practice boundary keeping beyond the provisions of this policy if desired, and for other members to step forward to ensure the individual is welcomed.

Minimum Expectations for an individual who are accused, offended sexually:

- Individuals are expected to participate in a professional counseling program, specifically addressing their abusive behaviors. Individuals will provide the name of the agency and mental health professional to the designated Pastor at the time of request for participation. The individual may be asked to periodically sign a limited disclosure authorization for the therapist to verify to the designated Pastor that the individual is in treatment.
- In a case of extreme financial hardship where the individual cannot afford counseling (and is not required by the court to be in counseling), the designated Pastor, in consultation with the Child Protection Committee and the Administrative Team, will work with the individual to create an alternative plan that may include participation in a community-based group for those who have offended sexually, one-on-one mentoring with a congregation member that has received at least three hours of training on working with individuals who have offended sexually as stipulated in this policy for “supervisors” (see section on Training and Education) or other affordable venues.
- Individuals will not accept any leadership or representational position within or on behalf of this church. **Individuals who have offended sexually can never become Approved Adults.**
- The Child Protection Committee and Administrative Team will assign supervisors to the individual for their participation in the congregation. They will be adults who are not related to the individual. They will receive training by a professional agency that will include information on dynamics of those who have offended sexually, the long-term impact of sexual abuse on victims, and any specific conditions related to participation under the covenant established. If the individual is on probation or parole, the training may need to be approved by the officer of the court handling the case.

The Child Protection Committee and the Administrative Team **will identify a small group of “covenant partners” for the individual.** This small group will provide spiritual, emotional and practical support, as well as accountability, and will meet with the individual on a regular basis. The supervisors and “covenant partners” will not be the same individuals.

1. **The individual may participate in worship in the sanctuary and attend adult Sunday school.** The CPC and the Administrative Team may designate a specific service and time for attendance. Any other activities the individual is permitted to participate in will be detailed in the covenant.
2. **A supervisor must accompany the individual at all times when on church property.**
3. **At no time should the individual deliberately place him/herself in or remain in any location in or around the church facilities which would cause undue distress to others.** This guideline prohibits the individual from being in or near the nursery, the children/youth Sunday School wing or the playground for any reason whatsoever.
4. **At least twice each calendar year and as otherwise requested,** the individual shall meet with and report to the Child Protection Committee and the Administrative Team regarding status of adherence to these guidelines.
5. **If the individual should decide to relocate membership (or substantially attend) another congregation,** the designated Pastor will inform the leadership of that congregation of the conditions of these guidelines.

APPENDIX A:

**REQUIRED STEPS
TO BECOMING AN
APPROVED ADULT**

Required Certifications, Forms and Trainings for volunteers and mentors at BHMC

- ☐ Have attended BHMC minimum of 6 months.
- ☐ Have read & reviewed the current [BHMC Child Protection Policy](#)
- ☐ Blossom Hill Application (document below and on Blossom Hill website)
- ☐ Blossom Hill Covenant (document below and on Blossom Hill website)
- ☐ Swear or Affirm Statement (document below, printed copy available at the church)
- ☐ Mandated Reporter Training (strongly recommended) [Link](#) for free training options

Child Abuse History Certification Form (CY-113) – free for volunteers every 57 months

o Apply online at <https://www.compass.state.pa.us/CWIS>.

o You will need to create an account. These results will be sent to you in 2-4 weeks.

Pennsylvania State Police Request for Criminal Record Check Form (SP4-164) – free for volunteers

o Apply online at <https://epatch.pa.gov/home>.

o You will be able to print the results of these clearance immediately after completion.

FBI Fingerprint Certification – This is required for mentors and for volunteers who have not lived in Pennsylvania for the past 10 years. Check the IdentoGO website to register and to locate a fingerprint processing site near you. The cost of the FBI check is \$22.60, payable at the time of fingerprinting. You may submit a receipt to the BHMC Office Administrator for reimbursement. Instructions are below.

1. Go to <https://uenroll.identogo.com>

2. Enter the service code to schedule an appointment to have fingerprints taken.

The Department of Human Services' (DHS) service code for Pennsylvania volunteers working with children is 1KG6ZJ

IdentoGO's Lancaster County locations are listed online.

Blossom Hill Mennonite Church
APPLICATION TO BECOME AN APPROVED ADULT

This application is a mandatory part of a process to assist the congregation in providing a safe, nurturing Christian environment for our children/youth. Persons responsible for the supervision and care of our children/youth are in a special position of trust and confidence. Therefore, anyone seeking to work with the children/youth of Blossom Hill Mennonite Church must complete this application.

PERSONAL INFORMATION

☐ I have attached a copy of a valid form of identification.

Name _____ Date of Application _____

Address: _____

Telephone (Home) _____ (Work) _____ (Cell) _____

E-mail Address _____

Permanent addresses you have maintained during the last ten years, beginning with the most recent.

Are you 18 years of age or older? ☐ Yes ☐ No

Before answering the next set of questions on this application, please read the Child Protection Policy of Blossom Hill Mennonite Church in which appears definitions of child abuse and child sexual abuse and exploitation. In the questions below, the words "*abuse,*" "*abusing a child*" and "*child abuse*" are intended to include the conduct described in the definitions.

Is there any reason why you should not work with children/youth? ☐ Yes ☐ No

If yes, please explain.

Have you ever abused a child/youth (a person less than 18 years of age)? ☐ Yes ☐ No

If yes, please explain.

Have you ever been accused of abusing a child/youth? ☐ Yes ☐ No

If yes, please explain.

Have you ever been involved in a child abuse investigation as a witness, alleged victim, or alleged abuser? ☐ Yes ☐ No

If yes, please explain.

Have you ever been arrested for, convicted of, or plead guilty to a criminal offense against a person?

☐ Yes ☐ No

If yes, please explain

CHURCH OR CHILD-RELATED WORK

Name and address of church (if any) of which you are now a member, if other than this congregation.

Names and addresses of all churches you have attended on a regular basis at any time during the last ten years.

Describe any church work you have done with children/youth during the last five years. Include the church's name, city, and year(s) of participation.

Describe any non-church related work, training or education related to children/youth during the last five years. Include the organization's name, city, and year(s) of participation.

Describe the type of work you prefer with children/youth.

PERSONAL REFERENCES

Give the name, address, and phone number of two persons, not relatives, who have known you for at least five years.

(1) _____

(2) _____

I agree that the information contained in this application is correct to the best of my knowledge.

Applicant's Signature _____ Date _____

Revised 4/22/2020

APPLICANT'S PERMISSION FOR THE DISCLOSURE OF INFORMATION ABOUT THE APPLICANT AND APPLICANT'S RELEASE OF ALL CLAIMS AGAINST PERSONS OR ENTITIES THAT DISCLOSE INFORMATION OR GIVE OPINIONS ABOUT THE APPLICANT

I understand and agree that the congregation may contact the churches and references identified above and others who may be identified by those listed above. I authorize these references or churches or others to give you any information (including opinions) that they may have regarding my character and fitness for work with children/youth. I also understand and agree that law enforcement authorities or any other person or entity with access to records of criminal arrests or convictions may be contacted during the consideration of this application. I authorize these law enforcement authorities or any other person or entity to provide information regarding criminal arrests or convictions. In consideration of the receipt and evaluation of this application by the congregation, I hereby release the congregation and any individual, church, youth organization, employer, reference, or any other person or entity, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of any person's or entity's disclosure of information about me or the expression of an opinion about me.

I understand that as a volunteer working with children/youth, I am required to complete a PA Criminal Records check and a PA Child Abuse clearance, as well as an FBI fingerprint record check if I have not been a resident of PA for the last 10 years and I am required to complete a Swear or Affirm Disclosure Statement. I also understand that I will be a mandated reporter, required by state law to report to proper authorities any suspected child abuse I become aware of in my duties. I understand that I will be given training in how to recognize child abuse, and how to properly report it. I understand that I am legally required to make such a report when necessary, and that failure to do so carries criminal penalties as well as risking injury to a child.

I agree to notify the church immediately if I am charged with a criminal offense involving child abuse, or if I am the subject of an indicated or found child abuse report.

CHECK ONE:

- ☐ I have been a resident of PA for the last 10 years
☐ I have not been a resident of PA for the last 10 years

I further state that I have carefully read the foregoing release and understand its content. I am signing this release freely and voluntarily.

Applicant's Signature _____ Date: _____

I acknowledge that the above-named applicant has appeared before me and produced an acceptable form of identification.

Reviewer: _____ Date: _____

Blossom Hill Mennonite Church
333 Delp Road, Lancaster PA 17601
COVENANT OF CHILD PROTECTION

I accept the responsibility to nurture the Christian faith and well-being of the children and youth of the Blossom Hill Mennonite Church (BHMC) and to care for them as Christ cares for me.

“I ...will tend the flock of God that is in my charge... willingly, as God would have me do it...” -
-I Peter 5:2

I have read, understand, and agree to abide by the Child Protection Policy of BHMC

I further indicate my understanding and compliance with the following specific conditions set forth in that policy:

- I understand that as a volunteer working with children/youth, I will be a mandated reporter, required by state law to report to proper authorities any suspected child abuse I become aware of in my duties. I understand that I will be given training in how to recognize child abuse, and how to properly report it. I understand that I am legally required to make such a report when necessary, and that failure to do so carries criminal penalties as well as risking injury to a child.
- I agree to notify the church immediately if I am charged, or convicted with child abuse, or subject of an indicated or found child abuse report.
- If I become aware of an injury, accident, or mishap at any property and/or facility of BHMC or at a BHMC activity at any location, I will make certain that the incident is reported immediately to a member of the Child Protection Committee. Committee members' names will be posted on the bulletin board in the rear of the Sanctuary.
- While at a property and/or facility of BHMC or at a BHMC activity at any location, I will support the policy of two Approved Adults present. Every attempt will be made to have this ratio. I will actively support alternative safeguards outlined in the policy when two Approved Adults are not present.
- When the activity that I am supervising has ended, I will make sure that the lights are out and the doors are locked before I leave, or I will notify other Church representatives who are still in the building that I am leaving.

Name (please print): _____

Signature: _____ Date: _____

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS HAVING CONTACT WITH CHILDREN (Swear/Affirm Form EZY)

Applicant Name: (please print!) _____

CHECK ONE:

- ☐ I have been a resident of PA for the last 10 years
- ☐ I have not been a resident of PA for the last 10 years and have not obtained FBI Fingerprint Record Certification in the past 60 months. I understand that I need to do this in order to become an Approved Adult.
- ☐ I have not been a resident of PA for the last 10 years and have previously obtained FBI Fingerprint Record Certification since establishing residence in PA within the last 60 months. I understand I must provide documentation of this to the program/activity/service/organization I am serving as a volunteer prior to working with children.

I swear/affirm that I am seeking a volunteer position, and I understand that as a volunteer working with children/youth, I am required to complete a PA Criminal Records check and a PA Child Abuse Certification, or provide the organization with a copy of such checks dated within the last 60 months, and that certifications must be repeated every 60 months. I understand that I am required to complete an FBI fingerprint record check if I have not been a resident of PA for the last 10 years. I understand that if I have received certification from the FBI since establishing residency in PA and within the last 10 years, I must provide a copy of the certification to the organization, program, activity of service in which I will serve as a volunteer, and am not required to obtain additional FBI certification.

I also understand that I will be a mandated reporter, required by state law to report to proper authorities any suspected child abuse I become aware of in my duties and, in certain circumstances, outside the organizational setting. I understand that I am legally required to make such a report when necessary, and that failure to do so carries criminal penalties as well as risking injury to a child.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law. I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25 (relating to criminal homicide)
Section 2702 (relating to aggravated assault)
Section 2709.1 (relating to stalking)
Section 2901 (relating to kidnapping)
Section 2902 (relating to unlawful restraint)
Section 3121 (relating to rape)
Section 3122.1 (relating to statutory sexual assault)
Section 3123 (relating to involuntary deviate sexual intercourse)
Section 3124.1 (relating to sexual assault)
Section 3125 (relating to aggravated indecent assault)
Section 3126 (relating to indecent assault)
Section 3127 (relating to indecent exposure)
Section 4302 (relating to incest)
Section 4303 (relating to concealing death of child)
Section 4304 (relating to endangering welfare of children)

Section 4305 (relating to dealing in infant children)
Section 5902(b) (relating to prostitution and related offenses)
Section 5903(c) (d) (relating to obscene and other sexual material and performances)
Section 6301 (relating to corruption of minors)
Section 6312 (relating to sexual abuse of children), or an equivalent crime under
Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____

Volunteer swear/affirm customized EZY 2.19

APPENDIX B:

Children/Youth/Nursery Forms

Blossom Hill Mennonite Church

Nursery Information and Guidelines for Parents

The nursery of Blossom Hill Mennonite Church is designed to provide a place of safety and caring for our youngest church participants, while allowing their parents and guardians to participate in worship or activities.

Adult nursery volunteers* are Approved Adults, which means they have completed the application process and submitted necessary federal and state clearances to work with children. The following guidelines are designed to protect children in the nursery, and to guide parents and volunteers who participate:

- Sign your child in for nursery care on the whiteboard to the left as you enter.
- Make sure your child has a name tag. Nursery volunteers will help you with this.
- Complete a BHMC CHILDREN/YOUTH REGISTRATION FORM AND NURSERY FORM if you haven't completed one before
- Label all bottles, sippy cups, blankets, toys and any other personal belongings.
- Pacifiers should be attached to the child
- Nursery volunteers will sometimes provide snacks and water to the children. The nursery is a nut-free zone and posts a list of any other allergens besides nuts that should be avoided due to nursery children's specific allergies. We also will not serve popcorn as it is a choking hazard. If you do not want your child to receive a snack or need to provide your own snack for your child, please communicate with volunteers.
- If a child requires a diaper change or bathroom assistance, a parent/guardian will be notified to assist the child.
- If a child is repeatedly displaying inappropriate behavior and redirecting has not worked, parents/guardians will be asked to come to the nursery.
- At least one parent/guardian will remain in the church while the child is in the nursery.
- Children must be picked up immediately following service or church activities and checked out on the whiteboard by a parent or a person designated on the registration. Siblings under age 12 may not pick up children in nursery care.
- Should an incident occur that results in physical injury, a parent/guardian will be notified immediately.
- These guidelines are posted in the nursery and a complete version of the BHMC Child Safety Policy is available on the bulletin board between the pastors' offices.

*Occasionally there are Youth Helpers in the nursery as additional volunteers- they *must* serve with two approved adults present. Youth helpers must be 12+ to help, OR if they are ages 6-11, they *must* be assisting alongside a parent who is an Approved Adult Volunteer.

Blossom Hill Mennonite Church
Nursery Registration Form
Contact Information, Allergy Information, Release Form

Child's name: _____
Child's D.O.B. ____/____/____

Nickname: _____

Parent/Guardian information

Name: _____
Cell Phone # _____

Relationship to Child: _____
E-mail: _____

2nd Parent/Guardian or Emergency Contact

Name: _____
Cell Phone # _____

Relationship to Child: _____
E-mail: _____

List of allergies (food, insect stings, other items that are relevant):

Snacks that are nut-free (and free of any other ingredients to which BHMC nursery children are allergic) are sometimes given during nursery time. Please check whether you approve of your child having snacks during nursery:

- ☐ No, do not give my child snacks
☐ Yes, snacks are okay.

Other persons authorized to pick up my child: Name(s): _____

- ☐ I received a copy of the Nursery Guidelines for Parents.

With my signature, I agree to remain on the premises of Blossom Hill Mennonite Church while my child is in the nursery. I give any and all BHMC approved adult volunteers permission to treat my child\children for minor injuries and, if need be, to provide for emergency medical care in the event that I cannot be located immediately. I also agree that I will not hold BHMC or its representatives responsible for any accident or injury that may occur in the church building or on its premises.

Parent Signature: _____ Date: _____

Revised 7/30/26

Blossom Hill Mennonite Church Child/Youth Registration Form

Includes: Individual data, General Permissions, Medical Information, & Release

Name of Child/Youth: _____ DOB: _____

Preferred Pronouns: _____

School District: _____

Youth contact (opt) Cell: _____ Email: _____

Parent/s or Guardian/s Name/s: _____

Address: _____

Street

City

State

Zip

Phone number/s (name and #): #1 _____

#2 _____

Email/s: (name and email address): #1 _____

#2 _____

Emergency Contact (if parent/guardian can not be reached): _____

Relationship to child: _____

Address: _____

Street

City

State

Zip

Phone #/s: _____

General Field Trip Permission: I hereby give permission for the child/youth named above to accompany their church group on field trip events planned by BHMC Approved Adults. I understand that I will be notified in advance of specific individual events/activities and will complete, sign, and return specific permission forms as applicable (primarily for Jr/Sr Youth but could occasionally include younger children).

Parent/Guardian Initials: _____ **Date:** _____

Blossom Hill Mennonite Church Child/Youth Medical Information Form

Name of Child/Youth: _____ DOB: _____

Physician: _____ Phone: _____

Medical Insurance name and policy #: _____

Health History

Check all that apply:

- ☐ Seizures
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Disease/Defects
- ☐ Asthma (inhaler needed?) _____
- ☐ Insect Stings
- ☐ Medication/Drugs (specify): _____
- ☐ Pollen
- ☐ Food (specify): _____
- ☐ Animals (specific): _____
- ☐ Other not listed: _____

Does your child have an epinephrine injector? _____ Do they know how to administer? _____

Other health related issues/conditions (including emotional and/or medical) that would be helpful for us to know.

Does your child/family follow any special dietary regimen (including vegan/vegetarian)?

Medical Release: I, the undersigned parent/guardian of the child/youth listed on this form do hereby give permission for any BHMC approved adults to treat said child/youth for minor injuries and to take them to a hospital for medical treatment when I cannot be reached or when delay would be dangerous for the health/safety of the child/youth. I consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care that may be rendered to said minor, under the specific instructions of the participant's physician, or if unavailable, by an on-call physician at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child/youth, in my absence, and said physician to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. Delivered to said persons entrusted with the care, custody, and control of said minor child/youth, this consent will remain effective until notified or until the child/youth reaches age 18 years old. I understand that all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by Blossom Hill Mennonite Church. Further, as a parent/guardian of the name above, I do hereby consent that my child may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me.

Signature of parent/guardian: _____ Date: _____

A COPY OF THIS FORM WILL BE AVAILABLE TO APPROVED ADULTS ON EVERY ACTIVITY, FIELD TRIP OR OVERNIGHT EVENT

Revised: 8/20/24 CBHW

BHMC Parent/Guardian Permission Release Form

Child/ren/Youth Information:

- **Full Name of Child/ren:** _____
- **Date/s of Birth:** _____
- **Grade/s (if applicable):** _____

Parent/Guardian Information:

- **Full Name:** _____
- **Relationship to Child:** _____
- **Phone Number:** _____

Authorized Pickup Person:

I, the undersigned parent/legal guardian, give permission for the following individual to pick up my child from BHMC events:

- **Full Name/s of Pickup Person:** _____
- **Relationship to Child (e.g., family friend, neighbor):** _____
- **Phone Number/s:** _____

Parent/Guardian Authorization:

By signing below, I authorize the person/s listed above to pick up my child from any BHMC event. I understand that event staff may request photo identification and may contact me to verify this arrangement. I acknowledge that I am responsible for informing the pickup person of the pickup procedures.

- **Signature of Parent/Guardian:** _____
- **Date:** _____

Emergency Contact (if different from above):

- **Name/s:** _____
- **Phone Number:** _____

Blossom Hill Mennonite Church
Parent/Guardian Permission for Special Event/Activity

Dear Parent/Guardian:

Your Youth is encouraged to participate in _____

This activity will take place under the guidance and supervision of Approved Adults from Blossom Hill Mennonite Church (BHMC).

Name of event:

Destination:

PICK UP:

Additional info:

Method of Transportation:

Designated approved adult supervisors:

- | | |
|----|-------|
| 1. | Cell: |
| 2. | Cell: |
| 3. | Cell: |

Participant's cost: _____ (see Children and Youth Minister if cost is prohibitive)

What to bring: _____

If you would like your child/children to participate in this event, please sign and return the permission form below. As the parent or legal guardian, you remain responsible for any legal responsibility which may result from actions taken by the named child/children. KEEP this top section for your information.

Permission Form for Special Event/Activity Participation

** Return this lower Form before event

I hereby consent to participation by my child/children:

(name/names) _____

in (event name) _____ on (event date) _____

I understand that this event will take place at the BHMC church building and that my child/children will be under the supervision of two authorized/approved adults on the above stated date/dates. I further consent to the stated conditions on participation in this event, including the method of transportation.

Print parent/guardian name parent/guardian signature date

Indicate any change in Medical Information which was previously given with the
Child/Youth Registration _____

PARENT/GUARDIAN CELL PHONE NUMBER _____

APPENDIX C:

Special Forms

Suspected Child Abuse Incident Report

CONFIDENTIAL

For internal church use at Blossom Hill Mennonite Church

Date of Report to ChildLine _____ Phone or electronic report: _____

Date of Incident: _____ Person Making Report _____

Name of Alleged Perpetrator: _____

Are they an Employee or Approved Adult of Blossom Hill Mennonite Church: _____

Name/Age of Child/Youth: _____

Parent/Guardian of Child/Youth _____

Address: _____

Describe the circumstances under which you became aware of possible abuse. State the names of any persons who witnessed abuse or reported this to you:

Describe any injuries you observed: _____

Does child appear to need immediate medical attention?

If yes, please call 911 or ensure the child is seen immediately by a medical professional.

Does child appear to be fearful, suicidal, or withdrawn?

Approximate date of last known incident of abuse: _____

Describe any physical, mental or behavioral factors that may place the child at risk:

Did the abuse take place at the church or during a church-related activity?

Describe the extent of alleged perpetrator(s) access to child:

Does this person have a history of violence, mental illness, or substance abuse?

If yes, please explain _____

Reported to Pastor _____ date/time _____

(name)

Signature of person making this report _____

- If you are a mandated reporter, and you suspect (or observe) that a child has been abused, you must report it immediately to ChildLine, and then notify the Pastor or other CPC designee.

Signature of person receiving this report _____

Date: _____

Comments: _____

Follow up

Document any action taken by church during course of CPS or Police investigation:

Results of DHS report provided on (Date) _____

Signature of person receiving the DHS results from the mandated reporter

Attach- Documentation if any from reporter from CHILDLINE concerning the determination of whether the child abuse report was unfounded, indicated or founded, and the services to be provided for the child.

Statement of Compliance for Outside Organizations using Church Facilities

Blossom Hill Mennonite Church (BHMC) is committed to providing a safe environment for all children, youth and volunteers who participate in ministries and programs at our facilities. Prior to completing this statement, you will be given a copy of our most recent Child Protection Policy to review.

The following questions must be answered in order to obtain consent for use of the church's facilities.

Have you received and read the BHMC Child Protection Policy?	Yes	No
Does your group have a policy and procedures for practicing safe ministry?	Yes	No

If yes, your group must provide BHMC with a copy for review.

Stipulations: If your policy does not include a "two adult" rule, background checks (or certifications as required by the laws of our state), training for volunteers, procedures for immediate reporting of suspected child abuse to Childline and a prohibition on being alone in the facility with a child not your own, you are expected to comply with these provisions as stated in the BHMC child protection policy.

If you do not have a policy, your group is required to abide by BHMC's policy and procedures as would reasonably apply to your organization.

Briefly describe how you will implement this policy and procedures with your program.

.
. .
.

I have received and read the Child Protection Policy of BHMC or provided evidence of our own policy. Any questions that I have had have been answered to my satisfaction. On behalf of my organization, I agree to observe and abide by the tenets of the policy/stipulations.

I certify that I am empowered to sign this document on behalf of my organization and agree that my organization does hereby indemnify, defend, and hold BHMC harmless from and against any and all claims arising out of my organization's use of facilities.

Name of Organization: _____

Signature/Title _____ Date _____

Church Office Use Only---

The organization's own policy has been reviewed and is acceptable. Yes____ No

Comments: _____

Signature/Title