

**Clayton Baptist Church**  
**Child/Youth Protection Policy**

87 S Church Street Clayton, GA 30576 (706)782-4588

**Purpose Statement**

Clayton Baptist Church seeks to provide a safe and secure environment for the children and youth who participate in our programs and activities. By implementing the below practices, our goal is to protect the children and youth of Clayton Baptist Church from incidents of misconduct or inappropriate behavior while also protecting our staff and volunteers from false accusations.

**I. Selection of Workers**

A. All volunteer workers are to be members of Clayton Baptist Church for a minimum of six months. Exceptions will be if long-term work at a prior church can be verified. This time of interaction between our leadership and the applicant allows for better evaluation and suitability of the applicant for working with children.

B. All leaders/workers must have a completed background check on file that has been approved by the head of the Children's/Youth Department or the children's/youth pastor before assuming responsibility and care of the children. A background check includes, but is not limited to, a fingerprint card, an interview, a signed adult worker policy, and a Children's or Youth Ministry Application.

**II. Guidelines**

A. All adult/child interactions must include three people: two unrelated adults for any size group of children. For example, when you have only one child or more in your classroom, two adults must be present at all times. The one exception being that a child may be one on one with his or her parent or guardian.

B. No corporal punishment of any kind will be used for any reason (e.g., spanking, pinching, etc.).

C. There is to be no physical contact with "private parts" of any child, with the exception of diaper changing. All diaper changing will be done in the classroom on the changing table in full view of adults present.

D. Parents are to be notified immediately in the event of accidental injury that surpasses basic First Aid attention. An "Incident Report" is to be completed as soon as possible in the event that an accident has occurred in our care.

E. Photography or audio taping of any child will not be permitted without written permission from each child's parent/guardian

F. Children below grade 2 are to be signed in with a claim number attached to the child's garment when left in the care of the leaders/workers at Clayton Baptist Church. No child may be picked up without the matching claim check turned in.

### **III. Wellness Policy**

A. To protect other children, a child with any of the following symptoms will not be allowed to participate with the other children. If a child should develop any of these symptoms while in a program, the parent/guardian shall be notified and the child will be picked up in a timely manner.

1. Fever over 98.6 oral or 99.6 rectal. (*Fever is associated with illness and is not associated with teething.*)
2. Vomiting in the last 24 hours.
3. Diarrhea in the last 24 hours.
4. Skin rashes or eruptions of unknown origin, including but not limited to: impetigo, measles, chicken pox, and so forth.
5. Persistent coughing associated with respiratory infection, including cold, bronchitis, and so forth.
6. Runny nose with a yellow- or green-colored discharge, or congestion associated with a cough or fever.
7. Conjunctivitis (pink eye) that may also have a colored discharge or drainage.
8. Parasites, any form of lice, mites, or ringworm. These aren't common, but when present are very contagious.
9. Inhalers will be kept at the check-in area, which is always supervised by a responsible adult. A note of permission to administer the medication in an emergency is completed and kept on file. Every effort to contact the parents will be made prior to the staff administering any medication.

NOTE: Except where written permission is given, the parent of the child is the only one allowed to administer any form of medication to the child.

### **IV. Child Abuse Policy**

A. It is our intent to follow state regulations in the reporting of child abuse. Child Abuse is where "a child whose physical or mental health is harmed or threatened with harm by acts or omissions of his/her parent or other person responsible for his/her welfare." (*as defined by the U.S. Department of Health and Human Services*)

B. Any parental complaints about suspected or alleged mistreatment/abuse of any kind are to be reported to a pastor or children/youth director immediately.

C. In cases where reporting is deemed necessary, the appropriate staff from Clayton Baptist Church will work closely with the family and any of the helping agencies involved. Our desire is to protect the children and support the family.

D. Any suspected or alleged child abuse by leaders/workers can result in temporary or permanent removal from ministry, pending the outcome of an investigation. This would be done to protect both the child and the leader/volunteer.

# **CHILDREN'S MINISTRY APPLICATION/QUESTIONNAIRE**

**Will Griffin, Director of Children's Ministry  
Clayton Baptist Church  
87 S Church Street  
Clayton, GA 30525  
706.782.4588**

**(PLEASE COMPLETE FORM IN FULL, LEAVING NO BLANKS)**

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

Last

First

Middle

Date of Birth \_\_\_\_\_

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

Street

City

Zip Code

Number of years at this address \_\_\_\_\_. If less than 5 years, list previous address below.

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

Street

City

State

Zip Code

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

Home

Mobile

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

Current occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State \_\_\_\_\_ Expiration date: \_\_\_\_\_

Marital status: Married Single Divorced Widow

Spouse's name: \_\_\_\_\_

Name(s) of your child(ren): \_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_

Name(s) of others living in household: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Name

Phone

Relationship

Do you have a personal relationship with Jesus Christ? \_\_\_\_\_

Please briefly explain: \_\_\_\_\_

\_\_\_\_\_

When did you begin coming to Clayton Baptist? \_\_\_\_\_ Are you a member? \_\_\_\_\_

If not, are you planning on becoming a member? \_\_\_\_\_

Do you attend a Sunday Small Group? \_\_\_\_\_ (Name of Class) \_\_\_\_\_

What Worship Service do you attend regularly? \_\_\_\_\_

What area of children's ministry are you interested in? \_\_\_\_\_

Please list your hobbies/interests: \_\_\_\_\_

**Please list other churches you have regularly attended in the past five years:**

Name of church	Phone	Contact person
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Name of church	Phone	Contact person
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Name of church	Phone	Contact person
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List any gifts, training, education, or other factors that have helped you prepare to work with children.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

**LIST TWO PERSONAL AND TWO CHURCH, USING ONLY ONE RELATIVE**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

## Have you ever been?

Convicted, plead guilty to, or have pending charges of using or selling drugs? \_\_\_\_\_

Convicted, plead guilty to, or have pending charges for DUI? \_\_\_\_\_

Convicted, plead guilty to, or have pending charges of child abuse or neglect? \_\_\_\_\_

Required to register with the state for any criminal or sexual offense? \_\_\_\_\_

Hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_

Arrested for a criminal offense other than minor traffic violation? \_\_\_\_\_

Sexually or physically abused as a minor? (Optional) \_\_\_\_\_

If you have answered yes to any of the above, please explain or write that you would prefer talking with one of our staff. \_\_\_\_\_

\_\_\_\_\_

Please describe yourself in three to four sentences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **APPLICANT'S STATEMENT**

By signing below, I agree and affirm: The information contained in this application is correct, to the best of my knowledge. I authorize any references, churches, or organizations listed in this application to give any and all information they may have regarding my character and fitness for work in Children's/Youth Ministries. I release all such references from liability for any damage that may result from furnishing such evaluations to Clayton Baptist Church. I confirm that I have received, read, and understood the Clayton Baptist Church Child/Youth protection policy and agree to submit in accordance with said policy. I agree to have my fingerprints taken and understand that a criminal background check will be submitted. I release Clayton Baptist Church from all liability and damages that may occur from the results of this information. I understand that personal information will be held confidential by the professional church staff.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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On the Next Page, Please ensure  
all blanks are COMPLETELY  
filled-in.

# CONSENT FORM

I, \_\_\_\_\_,

*Last Name*

*First Name*

*Middle Name*

RACE \_\_\_\_\_

HEIGHT \_\_\_\_\_

SEX \_\_\_\_\_

WEIGHT \_\_\_\_\_

DOB \_\_\_\_\_

EYE COLOR \_\_\_\_\_

SSN \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

Authorize: \_\_\_\_\_

CLAYTON BAPTIST CHURCH

*Name of Agency/Individual*

:

WILL GRIFFIN/BRECK PATTERSON

*Name of Person to pick up record*

:

87 S. CHURCH STREET

CLAYTON

GA

30525

*Street Address*

*City*

*State*

*Zip*

706.782.4588

*Telephone*

To Recieve My National Crimnal history record from the **Rabun County Sheriff's Office.**

\_\_\_\_\_  
*Signature of Subject*

**UNLESS ALL BLANKS ON THIS FORM ARE COMPLETED AND THE FORM IS NOTARIZED, NO INFORMATION WILL BE RELEASED.**

## SPECIAL CONDITIONS

**IF AN ADVERSE EMPLOYMENT OR LICENSING DECISION IS MADE AGAINST THE PEROSN WHOSE RECORD WAS OBTAINED UNDER THIS LAW, THE PERSON SHALL BE INFORMED:**

- 1. THAT A RECORD WAS OBTAINED.**
- 2. THE SPECIFIC CONTENTS OF THE RECORD, AND**
- 3. THE EFFECT THE RECORD HAD UPON THE DECISION**

**FAILURE TO PROVIDE THIS INFORMATION TO THE PERSON SUBJECT TO THE ADVERSE DECISION  
SHALL BE A MISDEMEANOR**

NOTARIZED: