

# **Supplement To Child/Youth Abuse and Neglect Prevention Policy and Procedures**

**This Supplement contains copies of the forms used in connection with the Procedure**  
Child/Youth Protection Volunteer Registration  
Reaffirmation for Volunteers  
Nursery Registration Form  
Nursery Sign-In Sheet  
Parental Permission Form  
Criminal History Record Name Search Request (SP-167)\*  
Virginia Department of Social Services/Child Protective Services Request for Search\*

*\*Items NOT included in electronic forms package. They are available as separate files.*

**BETHEL UNITED METHODIST CHURCH  
6903 Blantyre Road  
Warrenton, Virginia 20187  
(540) 347-4874**

**NOTE: The forms in this package are for informational purposes. Volunteers will be provided with the current forms when and if they are required to complete them.**

**Prepared by The Pastor Parish Relations Committee**

## Bethel United Methodist Church

# Child/Youth Protection Volunteer Registration

In an effort to create the safest possible environment with Bethel United Methodist Church (BUMC), requires that all youth workers, paid or volunteer, review the church's "Child/Youth Protection Policy and Procedures." Please answer the following, sign and date in the presence of a Notary, and return it to the church office, the Chair of the PPR, or the person who requested you complete it.

Last Name		First Name		Middle Name		Maiden Name	
Drivers License Number	State	Social Security Number		Date of Birth		Sex	Race
Current Address				City		State	Zip
List Previous Addresses if less than 5 years at Current Address							
Names and location of Churches you have attended regularly during the past five years				List all previous non-church work involving children or youth (include names and addresses of organizations).			
List Three Personal References (Not former employers or relatives)				Phone number of references including Area Code			

**I have read and understand the Bethel Child Protection Policy and agree to abide by it. I have no convictions for child abuse or expungements of such convictions. I authorize any churches listed to release to BUMC any information (including opinions) that they may have regarding my work with children or youth. I further authorize BUMC to contact state officials to confirm that I am not listed on any register as a sex offender or for crimes against minors.**

Signature (Do NOT sign until in the presence of a Notary)	Date

Notarized by \_\_\_\_\_ . My commission expires on \_\_\_\_\_

**Bethel United Methodist Church**  
**Child/Youth Protection Volunteer Recertification**

Periodically we will ask you to provide updated information. At the discretion of the Pastor Parish Relations committee you may also be asked to resubmit your State Police Criminal History Record Name Search Request and/or the Virginia Department of Social Services/Child Protective Services Request form. At this time please complete the following information, have the form notarized and returned to the PPR Committee.

Last Name		First Name		Middle Name		Maiden Name	
Drivers License Number	State	Social Security Number		Date of Birth		Sex	Race
Current Address				City		State	Zip

*I have no convictions for child abuse or any other charge, or expungements of such convictions, which might be considered a deterrent to working with children.*

**I have read and understand the Bethel CURRENT Child Protection Policy and agree to abide by it. I further authorize BUMC to again contact state officials to confirm that I am not listed on any register as a sex offender or for crimes against minors. (Prior to this happening, you will be asked to complete new forms.)**

Signature <i>(Do NOT sign until in the presence of a Notary)</i>	Date
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**Certificate of Acknowledgement of Individual**

City/County of \_\_\_\_\_ Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notarized by \_\_\_\_\_. My commission expires on \_\_\_\_\_

## Nursery Registration Form

<b>Child's Full Name</b>	<b>What does Child Like to be Called</b>	<b>Home Phone</b>	
<b>Mother's Name</b>		<b>Mobil Phone</b>	
<b>Father's Name</b>		<b>Mobil Phone</b>	
<b>Home Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Does your child have any allergies or conditions that require special care? Please list			
In addition to the parents listed above, who else is authorized to pick up your child?		Relation to Child	
Is there any other information about your child our staff should know?			
<b>Who should be called in an emergency? Name</b>		<b>Home Phone</b>	<b>Mobil Phone</b>
<b>Signature of Parent or Guardian</b>		<b>Date</b>	



## Parental Permission Form

This permission form applies to all trips and activities in which the Junior and Senior High Youth Groups, and their invited guests, of Bethel United Methodist Church will be engaged in from September 1, 200\_\_ through August 30, 200\_\_.

Name of Youth	DOB	Home Phone	
Father's Name	Work Phone	Mobile Phone	
Mother's Name	Work Phone	Mobile Phone	
Home Address	City	State	Zip
Health Insurance Company	Policy Number and Plan Code		
List any known allergies	Tell us of any physical problems		

I (we) the undersigned parent(s) of the above named youth, do hereby authorize the adult workers with youth of the Bethel United Methodist Church as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeons licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of the said physician or at said hospital.

I (we) hereby give permission for the above named youth to travel with the Bethel United Methodist Church Youth Group. I (we) understand that the church will provide supervision for the trip and that my (our) son or daughter will ride in a vehicle owned by an adult counselor or parent. I (we) also understand that no insurance is provided by the church for this activity, other than standard liability coverage. I (we) further agree to save harmless and indemnify the Bethel United Methodist Church and its representatives, its agents, the adults supervising my son or daughter, from and against any and all claims, loss or liability that may arise, including personal injury or loss.

Signature of Parent(s) or Legal Guardian ( <i>To be signed in the presence of a Notary</i> )	Date
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County of \_\_\_\_\_, State of Virginia: My commission Expires \_\_\_\_\_

Subscribed and sworn before me this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

SEAL

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

<b>Bethel United Methodist Church Nursery Attendant Time Sheet</b>	For Month of	Year
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**Instructions:** Each Sunday enter the hours you work and on the last Sunday of the month, give the original copy to Donna Broadbent. On a Sunday, or any other time you are asked to work in the nursery, you will be paid for a minimum of two hours. Time over two hours should be reported in tenths of an hour. You should arrive and sign in 15-minutes prior to the start of the Service or other activity and remain until all children have been picked up.

Name				Name			
<b>Date</b>	<b>Time In</b>	<b>Time Out</b>	<b>Total Hours</b>	<b>Date</b>	<b>Time In</b>	<b>Time Out</b>	<b>Total Hours</b>
<b>Total Hours for Month</b>				<b>Total Hours for Month</b>			
Sign at end of month			Date	Sign at end of Month			Date

**Criminal History Record Name Search Request**

*(Form is separate electronic file)*

**Virginia Department of Social Services/Child Protective Services  
Request for Search of the Central Registry**

*(Form is separate electronic file)*