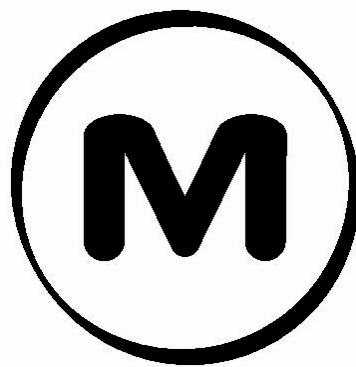


morningstarfellowship

**GUIDELINES  
FOR  
MINISTRY WORKERS**



*“Protecting our  
volunteers and children”*



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# Welcome to Ministry at Morning Star Fellowship

## Overview and Policy Statement

Morning Star Fellowship's goal is to provide an opportunity where ministry can be done with excellence and peace of mind. Whether you are serving our children or serving in the kitchen, our desire is to offer a place where the participants, volunteers, and paid staff can experience freedom to grow in their relationship with Jesus Christ and one another. *"Whatever you do, work at it with all your heart, as working for the Lord, not for men, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving."* Colossians 3:23-24 NIV

We believe that the outcome of a personal relationship with Jesus Christ will be a changed life. That is why we exist. However, in order to provide as safe and secure an environment as possible for our ministry participants, and to minimize the ministry's and workers' vulnerability to unwarranted accusation, the following procedures have been adopted and will be enforced.

All those involved in ministry at any level at Morning Star Fellowship will complete a Ministry Application. Those working directly with children, youth, or the disabled will also undergo a criminal background and ChildLine clearance. Other areas of ministry involvement may or may not require these clearances.

While some of these guidelines pertain specifically to those working directly with children, youth or the disabled, we want all ministry employees and volunteers to be aware and supportive of these policies and procedures. In addition to these Ministry Guidelines, you may receive **ministry specific** guidelines for the area of ministry you are involved in.

## Volunteer Worker Screening Procedure

1. Prior to consideration for a position, candidates will complete and return an initial Ministry Application.
2. The Ministry Application will be carefully reviewed by a Pastor or designee to make certain that the candidate will be appropriate for the ministry position, based on the information provided. At least two references will be checked to confirm the information provided on the Ministry Application.
3. If the Ministry Application indicates a desire to work with children, youth, or the disabled a criminal background and ChildLine clearance will be completed if the applicant is over 18 years of age.
4. Any information indicating that a candidate poses a threat to others or has any prior history of physical or sexual abuse directed against another person will result in the immediate removal of the individual candidate from consideration for a ministry position with *children or youth* with this organization. *Other ministry options will be considered on a case-by-case basis*, with the approval of a pastor.
5. If the person appears to be appropriate for the ministry work, they will be approved to begin volunteering.

## Employee Screening Procedures

1. The same procedures set forth for volunteer workers will apply to all potential employees, regardless of the ministry position for which they are being considered.
2. In addition, a criminal background check will be performed through a state law enforcement agency with respect to all candidates for employment.
3. Any information indicating that a candidate poses a threat to others or has any prior history of physical or sexual abuse directed against another person will result in the immediate removal of the individual candidate from consideration for employment with this organization.

## **Waiting Period**

No volunteer worker candidate will be considered for any ministry position with children, youth or the disabled until the candidate has been regularly involved in our local organization for **six months** or more. Other volunteer opportunities are available.

## **Annual Employee/Worker Review**

1. These policies and procedures will be conveyed for review annually to all workers, employees, coordinators, supervisors, and leaders to whom it applies.
2. All ministry employees will complete a brief Renewal Application yearly and a new Criminal Record search will be completed every two years.
3. All volunteer workers will complete a Ministry Renewal Application and a new Criminal Record search will be completed every five years, unless information obtained on the application deems it necessary to perform a new Criminal Record search.
4. Should the Renewal Application show that any employee or volunteer status has changed and is not qualified to serve in an area of ministry, they will be removed from ministry.

## **Guidelines for those working with Children/Youth/Disabled**

### **Supervision if Working with Children and/or Youth**

1. Our church does not approve of a worker spending time alone with a minor during any church sponsored activity. This is intended to provide protection for both the minor and worker.
2. All ministries to minors shall have a minimum of two responsible workers. (at least one over the age of 18)
3. No childcare worker shall be under the age of fourteen.
4. Workers should arrive at least 10 minutes before a scheduled activity and should keep watch over those in their care until an authorized person has picked up all the children. Do not send children out to find their parents, and do not release any child or youth to await transportation. Both workers must remain until all have been picked up. Never allow one volunteer alone with a child or youth.
5. Under no circumstances do we permit children to stay overnight either at the church or any other location, unless the two (2) adult rule is followed. In addition to these, the Parent and/or Guardian must sign a Release Form/Permission Slip. There are NO exceptions to this policy.
6. Workers may NOT appoint additional workers who have not been properly screened.

### **Discipline of Children and/or Youth**

1. Workers are never to spank, hit, grab, shake, or otherwise physically discipline anyone.
2. Disciplinary problems should be reported to the worker's coordinator/supervisor or to a parent or guardian.

### **Injuries or Illnesses of Children and/or Youth**

1. Persons who are ill (with a fever, or having a communicable disease which can be transmitted by cough or by touch) will not be permitted to participate in any ministry activity.
2. A suitable substitute (who has been approved as a volunteer worker through the above screening process) must be used to take the place of workers who are ill.

3. Participants should be returned to their parent or guardian as soon as illness is discovered. If this is not possible, then the person who is ill should be isolated in a manner that will allow supervision to continue until the person can be returned to their parent or guardian.
4. Reasonable steps should be taken to avoid contact with body fluids of any kind by anyone.
5. Any coordinator/supervisor who becomes aware of an injury to a worker or participant will take steps to ensure proper medical attention is given to the injured person. See *Record-Keeping below*.
6. Persons who have received a minor injury requiring basic first aid should be given such first aid as needed at the time of injury. The person's parent or guardian should be notified of the minor injury when they are picked up.
7. Any injury, which may require medical treatment beyond simple first aid, should be given immediate attention. If injury occurs during a regularly scheduled Sunday service, notify an Usher, who will contact the Medical Team member on call. In addition to this, the parent or guardian of the injured person should be immediately notified, along with the workers coordinator/supervisor.

### **Record-Keeping**

1. Workers should prepare a written ACCIDENT/INJURY REPORT whenever an injury should occur during a ministry function. The incident report will be forwarded to the worker's coordinator and/or supervisor promptly upon completion. The report should be placed in the MSF Mailbox next to the Welcome Center by the supervisor or coordinator.

### **Notice of Injury, Abuse, or Molestation**

1. Workers who become aware of any injury, abuse, molestation or suspected molestation connected with any ministry activity will immediately inform their coordinator/supervisor or ministry leader of such injury, abuse, molestation or suspected molestation.
2. Any coordinator/supervisor who becomes aware of any injury, abuse, molestation or suspected molestation connected with any ministry activity will immediately inform ministry leader of such injury, abuse, molestation or suspected molestation and will complete an Accident/Injury Report.
3. Ministry leaders will contact the church administrator who will inform the participant's parent and/or guardian that injury, possible abuse or molestation has occurred.
4. Clergy are considered "mandatory reporters" in the state of Pennsylvania and will contact the proper authorities in suspected cases of abuse or molestation.
5. Upon notice of abuse or molestation, our insurance carrier and denominational office will also be contacted.

### **Violation of Policy or Procedures**

1. Workers must promptly notify their coordinator/supervisor of any activity undertaken on their own behalf or by others, which violate this policy or procedures.
2. Any coordinator/supervisor or ministry leader who becomes aware of a violation of the policy or procedures will take all necessary steps to ensure future compliance with the policy and procedures by all workers; and will remove workers from their positions if such removal is warranted, or if the workers poses a potential threat to others.

### **Internal Investigation**

1. Any allegation of abuse or molestation will be taken seriously and will be investigated by ministry leaders and the church administrator.
2. Any employee of the ministry who is the subject of an investigation will be removed from their position, with pay, pending completion of the investigation. If the employee has admitted to the

abuse or molestation, they will be terminated in accordance with organizational employment practices.

3. Any volunteer worker who is the subject of the investigation will be removed from their position pending completion of the investigation.
4. Any person who has committed an act of abuse or molestation will be terminated from their work with children, youth or the disabled within the organization.

### **Dealing with Law Enforcement/Media**

All ministry leaders, employees, and volunteers will cooperate fully with any law enforcement or governmental agency that may be investigating allegations of injury, abuse, or molestation in connection with activities of the organization.

1. Legal counsel will be contacted for advice and guidance as soon as possible after the organization receives notice of possible abuse or molestation in connection with organization activities. Decisions concerning the ministry's response to the allegations will be made in accordance with the law and advice of counsel.
2. A single organizational leader will be designated as spokesperson to all media (television, newspaper, etc.) following notice of any abuse or molestation in connection with activities of the ministry. The spokesperson will be the only person to convey information concerning the situation, and, to avoid compromising any ongoing investigation, will convey only such information as necessary under the circumstances.

### **Revision of Policy/Procedures**

This policy and procedures will be regularly reviewed and can be modified in accordance with the bylaws of the organization. Any such modification will be conveyed to all persons affected by the modification.

### **SAMPLE FORMS attached**

- Accident/Injury Report
- Ministry Application
- Ministry Renewal Application (those updating their ministry file)
- ChildLine Check Request Form



<b>Witnesses</b>	Name: _____ Telephone: _____  Address: _____
<b>Witness</b>	Name: _____ Telephone: _____  Address: _____
<b>Additional Comments</b>	

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

Morning Star Fellowship insurance policy is with Brotherhood Mutual Insurance—  
 Policy # 37M5A0300370.  
 Contact the church office at 610-369-1960 for all inquiries or questions.

<b>OFFICE USE ONLY:</b>	Date and time report received:
	Date Brotherhood Mutual Insurance Company informed:
	Claim Number:
	Agent:
	Comments:



**Personal**

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

(first) (middle) (last)

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

(street) (town) (state) (zip)

How long at this address: \_\_\_\_\_ How long have you lived in Pennsylvania? \_\_\_\_\_

Other states you have lived in? \_\_\_\_\_

Daytime Phone Number : \_\_\_\_\_ Other Phone Number : \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_\_ Do you have a current driver's license? Yes \_\_\_\_ No \_\_\_\_

If yes, please list your driver's license number and state: \_\_\_\_\_ .

Have you ever been convicted of a traffic offense? Yes \_\_\_\_ No \_\_\_\_ . If yes, please describe all convictions for the past five years \_\_\_\_\_

In which ministry / program(s) are you seeking to become involved in? \_\_\_\_\_

What experience, if any, do you have in this specific area of ministry? \_\_\_\_\_

Please list any other ministry experience you have and include where you served: \_\_\_\_\_

**Have you at any time ever:**

- Been arrested for any reason? Yes No
- Been convicted of, pleaded guilty or no contest, to any crime? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No
- Had a problem with drugs, alcohol or controlling your anger? Yes No

**Are you aware of:**

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes", please explain in detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Church Activity

Please list any Churches you have attended in the past 10 years.

**Church Name**                      **Pastor's Name**                      **Years Attended**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**References** Please list 3 references other than family OR current MSF staff.

Reference #1	Reference #2	Reference #3
Name: _____	Name: _____	Name: _____
Email: _____	Email: _____	Email: _____
Phone: (    )    - _____	Phone: (    )    - _____	Phone: (    )    - _____
***** office use only *****	***** office use only *****	***** office use only *****
Date contacted _____	Date contacted _____	Date contacted _____
Comments _____	Comments _____	Comments _____
_____	_____	_____
Initials _____	Initials _____	Initials _____

Please initial the following statements.

- I have received and read the MSF ministry manual :

\_\_\_\_\_                      \_\_\_\_\_  
initials                      date

(Ministry manual is available at the Volunteer Central counter in the lobby or online at [www.mstar.org/main/downloadable\\_resources](http://www.mstar.org/main/downloadable_resources) )

### Applicant Verification and Release

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a Criminal Background Investigation and Child Abuse Clearance check if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

\_\_\_\_\_  
Applicant signature/Date

\_\_\_\_\_  
Parent/Guardian signature (if applicant is under 18)

**Office use only** Date application was received: \_\_\_\_\_ Date references were cleared: \_\_\_\_\_  
 Date background check was complete (if applicable): \_\_\_\_\_  
 Childline Clearance    Ordered    Pending    Received    Not Required  
 Cleared to serve on \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_



**Personal**

Name: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_  
(street) (town) (state) (zip)

How long at this address: \_\_\_\_\_ Daytime Phone Number : \_\_\_\_\_

Email address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In which areas of ministry are you currently involved? \_\_\_\_\_

In what other areas of ministry, if any, do you plan to become involved? \_\_\_\_\_

**Have you at any time since your original Ministry Application?**

- Been arrested for any reason? Yes No
- Been convicted of, pleaded guilty or no contest, to any crime? Yes No
- Received any traffic violations? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No
- Had a problem with drugs, alcohol or controlling your anger? Yes No

**Are you aware of:**

- Having any traits or tendencies that could pose any threat to children, youth, or others? Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is "yes", please explain in detail: (use additional paper if necessary)

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

**Applicant Verification and Release**

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children or youth at all times.

Applicant Signature and Date

Parent/ Guardian Signature (if applicant is under 18 years of age)

**Office use only**

Date application was received: \_\_\_\_\_ Date background check was complete/updated (if applicable) : \_\_\_\_\_

File updated on \_\_\_\_/\_\_\_\_/\_\_\_\_ by: \_\_\_\_\_ initials: \_\_\_\_\_



# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

## CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

### SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME	AGE	DATE OF BIRTH	DAYTIME PHONE NO.
STREET	SEX <input type="checkbox"/> M <input type="checkbox"/> F		COUNTY YOU LIVE IN
CITY, STATE ZIP CODE			

### PREVIOUS NAMES SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

### PURPOSE OF CLEARANCE (Check ONE block ONLY)

<input type="checkbox"/> CHILD CARE	VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).	<input type="checkbox"/> CWEP (Community Work Experience Program Participant)
<input type="checkbox"/> FOSTER CARE		
<input type="checkbox"/> ADOPTION		
<input type="checkbox"/> SCHOOL		

SIGNATURE OF CAO REP

CAO PHONE NO

### PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.
2.
3.
4.

### HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

### SECTION II RESULTS OF HISTORY CHECK

<input type="checkbox"/> APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.	<input type="checkbox"/> APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).
--	--

STATUS OF REPORT	DATE OF INCIDENT	STATUS OF REPORT	DATE OF INCIDENT
1.		3.	
2.		4.	

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE

**SECTION III**

**VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES**

\_\_\_\_\_ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are shown in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

**PENNSYLVANIA STATE POLICE CRIMINAL HISTORY CLEARANCE**

- Applicant is named as a perpetrator of a "Founded" child abuse or school employee report which occurred in the past five years.
- Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the past five years ago.
- Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

**PENNSYLVANIA STATE POLICE CLEARANCE**

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.

**FBI CLEARANCE**

- Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- No record exists. Report attached.
- No FBI clearance required.

\_\_\_\_\_  
VERIFIER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
VERIFIER'S SUPERVISOR

\_\_\_\_\_  
DATE