

***Code of Conduct and Guidelines for Volunteers***

*Acknowledgement*

Because I want the best environment for our children and youth to grow up in, it is important that those working with children have guidelines for conduct in order to protect both themselves and those under their care. As a ministry volunteer, I want parents and others to feel comfortable and confident with me.

***My Commitment to Volunteer Ministry***

***I will,***

1. Provide appropriate adult supervision at all times for the children for whom I am responsible.
2. Have at least one other adult, at least eighteen (18) years or older, to help with supervision of children. If I find myself in a situation where I am the only adult present, under no circumstances will I allow myself to be alone with one child (“the two person rule”). This protects the child as well as protecting the adult from possible allegations.
3. Ask a child’s permission before touching him/her anywhere, even when responding to an injury or problem. This is especially true for any areas that would normally be covered by a T-shirt or shorts. (If an injury is within this area, make sure another adult works with you as care is provided.)
4. Refrain from physical and verbal attacks and corporal punishment, which are inappropriate behaviors and should never be used as discipline. “Time outs” or “sit-in-that-chair” may be helpful discipline methods to use with children.
5. Affirm children with proper touching by keeping hugs brief and “shoulder to shoulder” or “side to side”. (I will keep my hands “at” (not below) the shoulder level. A caregiver’s kiss should be to the forehead or cheek only – not elsewhere. For small children who like to sit on laps, I will encourage them to sit next to me.)
6. Providing extra care when taking small children to the restroom, I will take another adult along, or leave the door open.
7. Be aware of conducting activities in rooms that do not have an interior viewing area, or I will leave the door open during the activity to allow easy observation by others.
8. Cooperate with the volunteer screening process and complete the Volunteer Application form, as required by the church and/or conference.
9. Be aware of the symptoms of child abuse and aware of the legal requirements for reporting suspected cases of abuse. In addition to any legally required reporting, I agree that if I become aware of any behavior of another individual which seems abusive or inappropriate towards children I am supervising, I will report that behavior to the church pastor, elder, or directly to the Kentucky-Tennessee Conference Risk Management Director.
10. Cooperate with church leadership in conducting children and youth ministries by being a volunteer who is a loving, kind, firm, and always a thoroughly professional person. Working with children and youth is not only a privilege; it is also a serious responsibility that must be approached with utmost care.
11. Participate in orientation and training as conducted by the church.

*\*In the event I find it impossible to comply with the above, I will comply as closely as possible to the code of conduct and act in good faith for the welfare of the people involved.*

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_ (keep a copy of this for reference)

**Section 1 DATE OF RECORD**

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

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street/P.O. Box City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pathfinder club name: \_\_\_\_\_ Adventurer club name: \_\_\_\_\_

**Section II HEALTH HISTORY**

Do you now have or have you had any injury/sickness that might limit your involvement in Pathfinder or Adventurer Club activities? Yes No If yes, how would it hinder? \_\_\_\_\_

**Section III REFERENCES** (List three references –NO family members and NO club members, please.)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section IV EXPERIENCE**

List experience (Adventurers, Scouting, Sabbath School, etc) that might qualify you for Pathfinder/Adventurer leadership.

Position/Type of Work	Church/Organization	Date of Service
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Please include Part 1 and Part 2 when submitting this application to your church board and to the KYTN Conference. This form will not be processed without both Parts.**

Local Children/Youth Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

Date voted by the church board \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_

Recommended with the following conditions: \_\_\_\_\_

Church Board Chairman Signature \_\_\_\_\_ Date \_\_\_\_\_

Conference Youth Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**The three (3) above signatures must be signed BEFORE person can be working with church children.**

**Section I - MORAL CONDUCT**

Have you ever been accused, charged, convicted, or disciplined (including any pretrial intervention) for any unlawful sexual conduct, child abuse, and/or child sexual abuse, or obtained counseling in connection with any matter involving child abuse or sexual conduct? **\*\*Yes** \_\_\_\_\_ **NO** \_\_\_\_\_

**\*\* IF YES**, please provide the following information and documentation:

Date: \_\_\_\_\_ City of incident: \_\_\_\_\_

Type of Conduct: \_\_\_\_\_

Explanation: \_\_\_\_\_

! Legal documentation to clear or back-up above explanation.

! Documentation from a professional as to your suitability to serve as a volunteer staff.

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**Section II - STATEMENT OF ACCURACY/RELEASE**

All information in this application is true to the best of my knowledge. I authorize investigation of all statements contained in this application form & hereby authorize personal references or agency/church leadership to consult in detail with whom the local entity may refer, to give any & all information regarding employment or scholastic standing together with any other information, personal, or otherwise, that may or may not be on their records. I further authorize agency/church leadership to conduct a criminal conviction records investigation, as may be required by the law of this state. I release from liability this agency/organization & its duly authorized representatives for all actions performed in good faith in the evaluation of this application & background. I also hold harmless all individuals /organizations who provide information to this agency in good faith & without malice for furnishing the information requested. I understand this is strictly a “volunteer” position, and I will receive no remuneration for services & time volunteered.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Please send this form to: KY/TN Conference  
Youth Dept.  
P. O. Box 1088  
Goodlettsville, TN 37072-1088

This will be placed in a confidential file.