

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Contents

1.1.	Preamble.....	6
1.2.	Understanding the Church’s Responsibility	6
1.2.1.	The Church’s Spiritual and Moral Responsibility	6
1.2.2.	The Church’s Ethical Responsibility	7
1.2.3.	The Church’s Civil and Legal Responsibility	8
1.3.	Definitions.....	8
1.4.	Types of Abuse.....	12
1.4.1.	Bullying	12
1.4.2.	Discrimination.....	12
1.4.3.	Emotional or Psychological Abuse	12
1.4.4.	Financial Abuse.....	12
1.4.5.	Harassment.....	12
1.4.6.	Neglect.....	12
1.4.7.	Physical Abuse	13
1.4.8.	Sexual Abuse	13
1.4.9.	Spiritual Abuse.....	13
1.5.	General Guidelines and Principles for Reducing the Risk of Abuse.....	13
1.5.1.	Isolation	13
1.5.2.	Accountability	13
1.5.3.	Power	14
2.	<i>PROTECTION PROCEDURES</i>.....	14
2.1.	Volunteer and Staff Screening Procedures	14
2.1.1.	Qualifications.....	14
2.1.2.	Applications.....	15
2.1.3.	Reference Checks	15
2.1.4.	Interviews	15
2.1.5.	Police Information Checks.....	15
2.1.6.	Training.....	16
2.1.7.	Standard of Conduct Agreement.....	17
2.1.8.	Confidentiality Agreement.....	17
2.1.9.	Approval	17
2.1.10.	Covenants of Care	17
2.2.	Community Volunteers.....	17
2.3.	General Protection Procedures.....	18
2.3.1.	Plan to Protect® Program Maintenance	18
2.3.2.	Planning for Safety	18
2.3.3.	Annual Registration and Release Forms	19
2.3.4.	Attendance Records.....	19
2.3.5.	Supervision of Volunteers and Staff	19

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Notice to: Membership

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

2.3.6.	Occasional Observers.....	19
2.3.7.	One-on-One Situations	20
2.3.8.	Physical Touch Limitations	20
2.3.9.	Discipline & Group Management	21
2.3.10.	Anti-Bullying and Zero Tolerance	22
2.4.	Protection Procedures Specific to Children - Birth to Grade 6	23
2.4.1.	Screened Volunteers and Staff / Child Ratios	23
2.4.2.	Supervision of Children.....	24
2.4.3.	Identification.....	25
2.4.4.	Receiving and Releasing Children	25
2.4.5.	Diaper Changing and Washroom Guidelines	25
2.4.6.	Proper Display of Affection toward Children	27
2.5.	Protection Procedures Specific to Youth - Age 11 to 17	27
2.5.1.	Screened Volunteers and Staff / Youth Ratios	27
2.5.2.	Supervision of Youth	28
2.5.3.	Dating.....	28
2.5.4.	Proper Display of Affection toward Youth.....	28
2.6.	Protection Procedures Specific to Vulnerable Adults	28
2.6.1.	Screened Volunteers and Staff / Vulnerable Adults Ratios.....	28
2.6.2.	Supervision of Vulnerable Adults	29
2.6.3.	Personal Care of Vulnerable Adults.....	29
2.6.4.	Proper Display of Affection toward Vulnerable Adults	29
2.7.	Guidelines for Ministry Activities of Elevated Risk.....	29
2.7.1.	Informed Consent	29
2.7.2.	Supervision	30
2.7.3.	Transportation.....	30
2.7.4.	Shower and Change Room Guidelines	31
2.7.5.	Overnight Accommodations	32
2.7.6.	Short Term Mission, Service Learning, or Discipleship Training Trips.....	33
2.8.	Health & Safety Guidelines	34
2.8.1.	First Aid.....	34
2.8.2.	First Aid Kits	34
2.8.3.	Sanitization Supplies	35
2.8.4.	Automated External Defibrillator (AED).....	35
2.8.5.	Illness	35
2.8.6.	Illness Guidelines Specific to Nursery	35
2.8.7.	Medication Administration	36
2.8.8.	Minor Injuries.....	36
2.8.9.	Severe Injuries	37
2.8.10.	Injuries involving Blood.....	37
2.8.11.	Emergencies.....	37
2.8.12.	Publicly Accessible Computers and the Internet.....	38
2.8.13.	Electronic Communication	38
2.8.14.	Photography and Video Recording.....	39

Approval: January 14, 2020
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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

3.	<i>REPORTING AND RESPONDING TO ALLEGATION, DISCLOSURE, OR SUSPICION OF ABUSE</i>	40
3.1.	Legal Responsibility.....	40
3.1.1.	Regarding Child Abuse	40
3.1.2.	Regarding Vulnerable Adult Abuse.....	41
3.2.	Reporting Procedures upon Allegation, Disclosure, or Suspicion of Abuse	41
3.2.1.	Complete APPENDIX 17 – ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT FORM.....	41
3.2.2.	Report the Allegation, Disclosure, or Suspicion of Abuse to a Police Service or Appropriate Protection Agency	41
3.2.3.	Notify Highland Mennonite Brethren Church Leaders	42
3.2.4.	Notify Parent or Caregiver of Victim	42
3.2.5.	Notify the Alberta Conference of Mennonite Brethren Churches	43
3.2.6.	Notify Insurance Provider	43
3.2.7.	Notify Legal Counsel.....	43
3.2.8.	Review Plan to Protect® Policy	43
3.2.9.	Adhere to Crisis Communication Policy	43
3.2.10.	Do not Assess and Investigate an Allegation, Disclosure, or Suspicion of Abuse.....	43
3.2.11.	Keep the Allegation, Disclosure, or Suspicion of Abuse Confidential	44
3.2.12.	Give Full Cooperation to Ongoing Investigation of Allegation, Disclosure, or Suspicion of Abuse	44
3.3.	Response to Victim, Accused, and Offender	44
3.3.1.	Spiritual Response and Counsel for the Victim	44
3.3.2.	Biblical Response and Discipline for the Accused.....	45
3.3.3.	Response to Offenders Convicted of Vulnerable Person Abuse.....	45
4.	<i>MISCELLANEOUS</i>	46
4.1.	Other Users and Shared Activities.....	46
4.2.	Policy Review	46
5.	<i>APPENDICES</i>	47
5.1.	Appendix 1 – Junior Volunteer Screening Application	48
5.2.	Appendix 2 – Adult Volunteer and Staff Screening Application	48
5.3.	Appendix 3 – Community Volunteer Screening Application	48
5.4.	Appendix 4 – Reference Check for Volunteer and Staff Screening	48
5.5.	Appendix 5 – Interview Questionnaire for Volunteer and Staff Screening	48
5.6.	Appendix 6 – Police Information Check Instructions.....	48
5.7.	Appendix 7 – Plan to Protect® On-Line Training Instructions.....	48

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**Highland Mennonite Brethren Church
Conduct Manual
Plan to Protect® Policy**

5.8. Appendix 8 – Checklist and Approval for Volunteer and Staff Screening 48

5.9. Appendix 9 - Covenant of Care 48

5.10. Appendix 10 - Annual Registration and Release Form 48

5.11. Appendix 11 – List of First Aid Responders at HMBC 48

5.12. Appendix 12 - Medication Administration Consent..... 48

5.13. Appendix 13 - Medication Administration Record 48

5.14. Appendix 14 - Informed Consent 48

5.15. Appendix 15 - Off-Site Travel Form 48

5.16. Appendix 16 - Incident Report Form 48

5.17. Appendix 17 – Alleged, Disclosed, or Suspected Abuse Report Form 48

5.18. Appendix 18 – Follow-up to Alleged, Disclosed, or Suspected Abuse Report..... 48

5.19. Appendix 19 - Offender’s Covenant Agreement 48

5.20. Appendix 20 – Overnight/Out-of-City Ministry Activity Waiver 48

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

INTRODUCTION

1.1. Preamble

As a church within the Canadian Conference of Mennonite Brethren Churches (“CCMBC”) and Alberta Conference of Mennonite Brethren Churches (“ABMB”) we support the vision and mission to multiply Christ-centred churches to see the people of Canada transformed by the Good News of Jesus Christ.

The mission, core values, and vision of Highland Mennonite Brethren Church (“HMBC”) are to follow Jesus Christ and help others know, love, and serve Him by being worshipful, humble, biblical, relational, sacrificial, invitational, transformational, and influential until our neighbours and their neighbours are in a growing relationship with Jesus Christ.

We know that Children, Youth and Vulnerable Adults are important to God and so they are very important to us. Children and Youth are not only the church of the future; they are a valuable part of the church today. Jesus reminds us that in order to enter into the kingdom of heaven we must have the faith of a little child.

However, our Children, Youth and some Adults are also vulnerable. Sadly, because they may lack strength, awareness, and knowledge, they are often taken advantage of and worse, Victims of Abuse. Therefore it is imperative that we be proactive in protecting Vulnerable Persons and in providing safe environments so that the intimacy in their relationship with God remains secure.

We must, as well, protect those who serve our Vulnerable Persons. Our Volunteers and Staff need the security of knowing that they are working in a setting where processes and procedures are in place to minimize any possibility of an erroneous accusation.

This Policy establishes the criteria for the provision of a safe environment for Vulnerable Persons and Volunteers and Staff.

1.2. Understanding the Church’s Responsibility

We believe it is the responsibility of HMBC, ABMB and CCMBC to provide a safe environment for Vulnerable Persons who are in attendance at HMBC, or who participate in HMBC-sponsored Ministry Activities wherever they may be carried out.

1.2.1. The Church’s Spiritual and Moral Responsibility

We recognize that we are a reflection of God’s love to those in our care and we take our responsibility seriously.

Micah 6:8 presents this challenge, “He has shown you, O mortal, what is good. And what does the Lord require of you? To act justly and to love mercy and to walk humbly with your God.” (New International Version [“NIV”])

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Micah suggests that the Lord requires three things of us:

- **To act justly** – we must work for justice, seeking to promote the truth and speak out on behalf of the vulnerable;
- **To love mercy** – compassion needs to be the bedrock of all our work; and
- **To walk humbly with our God** – every area of our lives needs to be marked by humility, righteousness, and integrity.

The Bible outlines our spiritual responsibility to Vulnerable Persons:

“If anyone causes one of these little ones—those who believe in me—to stumble, it would be better for them to have a large millstone hung around their neck and to be drowned in the depths of the sea.” (Matthew 18:6 NIV)

“People were bringing little children to Jesus for him to place his hands on them, but the disciples rebuked them. When Jesus saw this, he was indignant. He said to them, “Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these. Truly I tell you, anyone who will not receive the kingdom of God like a little child will never enter it.” And he took the children in his arms, placed his hands on them and blessed them.” (Mark 10:13-16 NIV)

“Reject every kind of evil.” (1 Thessalonians 5:22 NIV)

“For we are taking pains to do what is right, not only in the eyes of the Lord but also in the eyes of man.” (2 Corinthians 8:21 NIV)

This policy and the guidelines contained within it are to help us fulfill our responsibilities to provide as safe and nurturing an environment as possible for Vulnerable Persons. In partnership with Parents, HMBC seeks to provide quality care and instruction to families and in this way, promote spiritual growth at every age level.

1.2.2. The Church's Ethical Responsibility

The protection of Children is one of four themes throughout the United Nations Convention on the Rights of the Child (“UNCRC”), which entered into force as international law on September 2, 1990.

“The [UNCRC] is the most ratified of all the United Nations Human Rights treaties. The treaty affirms and describes the fundamental human rights of all children (all human beings below the age of 18), and the governments that have ratified it – including Canada - have legally agreed to fulfill its provisions. The [UN]CRC forms the most comprehensive and well-established international standard for children's rights.”¹

“The [UNCRC] ... requires us to provide special protection and assistance to children to enable them to reach their full potential as adults. While parents are

¹ Canadian Children's Rights Council 2007

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

primarily responsible for ensuring a child's rights are upheld, government and community also have an important role to play in protecting children."²

All articles in the UNCRC apply to all Children of all backgrounds. A fundamental philosophy behind the convention is that Children have the same inherent value as Adults and are their equals.

1.2.3. *The Church's Civil and Legal Responsibility*

We recognize that providing a safe place for Vulnerable Persons is also a legal requirement. We have a legal responsibility to ensure that a plan for protecting Vulnerable Persons is in place and is diligently followed.

Our legal responsibility includes being accountable for the actions of our Volunteers and Staff and that as a church of the ABMB and CCMBC we could be held vicariously liable for their actions.

1.3. *Definitions*

For the purposes of this policy, the following terms shall have the following meanings:

Abuse	Any form of physical, emotional and/or sexual mistreatment or lack of care that causes injury or emotional damage to a Vulnerable Person. The misuse of power and/or a breach of trust are part of all types of Abuse. Abusers can be family members, friends, staff or persons in Positions of Trust. Abuse can take place in the home, in other residential settings, or in the community.
Accused	A person against whom a complaint of Abuse of a Vulnerable Person.
Adult	A person who is age 18 and up.
Canadian Conference of Mennonite Brethren Churches ("CCMBC")	Includes all Mennonite Brethren churches that are members of a provincial or national Mennonite Brethren conference. All churches that are members of a provincial conference (where one exists) become members of the national conference.
Caregiver	A family member or a paid or unpaid helper who regularly looks after a Vulnerable Adult.
Child	A person under the age of 18 years; see also Youth .
Child, Youth and Family Enhancement Act	The Province of Alberta <i>Child, Youth and Family Enhancement Act</i> , R.S.A. 2000, c C-12.

² Government of British Columbia 2007

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Community Volunteer	A person who does not consider HMBC their church home, who serves with or on behalf of HMBC.
Designated Screening Personnel	A person or group of people designated and trained to screen Volunteers and Staff to be placed in a Position of Trust with Vulnerable Persons with or on behalf of HMBC. Tasks include, but are not limited to, processing applications, conducting interviews, conducting reference checks, requesting Police Information Checks, and maintaining Permanent Records.
Executive	A group of Leadership Team members consisting of the Lead Pastor, Chair, Assistant Chair, and Secretary.
Hall Monitor	Screened Volunteer or Staff whose role is to walk hallways for surveillance and to randomly visit rooms where Vulnerable Persons are being supervised to protect against Abuse and false allegations.
Junior Volunteer	A person, age 11-17, who serves with or on behalf of HMBC.
Lead Pastor	The person who - upon careful review of the Permanent Record - gives approval for Volunteers and Staff to be placed in a Position of Trust with Vulnerable Persons with or on behalf of HMBC; and who is the go-to person in situations of breach of trust. The Lead Pastor may designate another member of the Executive to fulfill these duties.
Leadership Team	The highest functioning authority of HMBC.
Ministry Activity	Includes, but is not limited to, any event, meeting or program where a Vulnerable Person is present, and which is sponsored, planned and/or supervised with or on behalf of HMBC by Screened Volunteers and Staff as part of their ministry's mandate and responsibility, particularly when a Vulnerable Person's Parent or Caregiver is not present. It is recognized that some Ministry Activities are delivered by non-conventional means (i.e. internet, camps, out-of-province situations); however, this policy still applies.
Ministry Team Leader	A Volunteer or Staff who oversees a particular ministry and its Volunteers and Staff.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Occasional Observer	A person who visits and observes Ministry Activities on rare occasions. This term includes Parents assisting their own Children or Caregivers assisting the Vulnerable Adult under their direct supervision. Occasional Observers do not need to be screened; however, their access to Vulnerable Persons shall be limited. Except in their role as the Parent or Caregiver of a Vulnerable Person, they shall never be placed in a Position of Trust with Vulnerable Persons with or on behalf of HMBC.
Offender	A person convicted of Abuse of a Vulnerable Person.
Parent	The natural or adoptive parent or legal guardian of a Child.
Permanent Record	A confidential and permanently archived file which includes, but is not limited to, documents related to the screening and ongoing supervision of each Volunteer and Staff as well as registration records for each Ministry Activity participant.
Position of Trust	Any position of authority that requires its holder to enjoy the trust of those who elected or chose the holder. It includes any role wherein the Parent or Caregiver of a Vulnerable Person has entrusted that Vulnerable Person to another person's care. Violation of Position of Trust, in legal terms, refers to a situation where one person uses their position to their advantage to commit a crime or to injure another person in some way. Liability is not limited to criminal prosecution, and in some cases, a civil lawsuit may be brought as well.
Protection for Persons in Care Act	The Province of Alberta <i>Protection for Persons in Care Act</i> , SA 2009, cP-29.1.
Related Volunteers and Staff	Volunteers and Staff who are married to each other, divorced from each other, or cohabitating with each other.
Screened Adult Volunteers and Staff	Adult Volunteers and Staff who have successfully completed the recruitment and screening requirements of HMBC's <i>Plan to Protect® Policy</i> and are now deemed fit to be placed in a Position of Trust with Vulnerable Persons with or on behalf of HMBC.
Screened Community Volunteer	A Community Volunteer who has successfully completed the abbreviated recruitment and screening requirements of HMBC's <i>Plan to Protect® Policy</i> and is now deemed fit to be placed in a Position of Trust with Vulnerable Persons - under the direct supervision of Screened Adult Volunteers and Staff - with or on behalf of HMBC.

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Screened Junior Volunteer	A Junior Volunteer who has successfully completed the abbreviated recruitment and screening requirements of HMBC's <i>Plan to Protect® Policy</i> and is now deemed fit to be placed in a Position of Trust with Vulnerable Persons - under the direct supervision of Screened Adult Volunteers and Staff - with or on behalf of HMBC.
Screened Volunteers and Staff	All Volunteers and Staff who have successfully completed the recruitment and screening requirements of HMBC's <i>Plan to Protect® Policy</i> and are now deemed fit to be placed in a Position of Trust with Vulnerable Persons with or on behalf of HMBC. See also Volunteers and Staff .
Unrelated Volunteers and Staff	Volunteers and Staff who are not married to each other, divorced from each other, or cohabitating with each other.
Victim	The Vulnerable Person who is the named object of alleged, disclosed, or suspected Abuse.
Volunteer(s) and/or Staff	Adult, Community, and Junior Volunteers; full-time, part-time, short-term, or contract staff; and pastoral staff whether or not they receive a salary. See also Screened Volunteers and Staff .
Vulnerable Adult	A person who is age 18 and up and - because of their age, a disability or other circumstances, whether temporary or permanent - is in a position of dependence on others or is otherwise at a greater risk of being harmed than the general population by a person or persons in a Position of Trust.
Vulnerable Person	A Child, Youth, or Vulnerable Adult as defined.
Youth	A Child who is age 11 to 17.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

1.4. *Types of Abuse*³

1.4.1. *Bullying*

Repeated and aggressive behaviour intended to cause harm, fear or distress to another person. It includes, but is not limited to, physical, emotional, or social harm, harm to the person's reputation or harm to the person's property, or to create a negative environment for another person. Bullying includes the use of any physical, verbal, electronic, written or other means. See 2.3.10 *Anti-Bullying and Zero Tolerance*.

1.4.2. *Discrimination*

Differential treatment that has an adverse impact on another person based on that person's characteristics. It includes, but is not limited to, discrimination based on race, ancestry, place of origin, skin colour, ethnic origin, citizenship, religious beliefs, gender, sexual orientation, age, marital status, family status, physical or mental disability, intelligence, or socio-economic status.

1.4.3. *Emotional or Psychological Abuse*

Chronic attack on a person's self-esteem, including, but not limited to, verbal threats and attacks, repeated humiliation or rejection, deliberate intimidation, forced isolation, or exposure to violence, drugs, alcohol abuse, severe conflict, corruption, or sexual activity (e.g. pornography).

1.4.4. *Financial Abuse*

Using money or property to control or exploit another person, including, but not limited to, taking another person's money or property without permission; withholding or limiting money to control another person; pressuring another person to sign documents; or forcing another person to sell things or change a will. Most forms of financial abuse are crimes, including theft and fraud.

1.4.5. *Harassment*

A violation under Alberta's *Human Rights Act* specifically defined as any unwelcome physical or verbal conduct intended to offend or humiliate.

1.4.6. *Neglect*

Any lack of basic care or failure to meet day-to-day needs that causes serious harm to a person's development or endangers them in any way, including, but not limited to, not providing adequate nutrition, clothing, shelter, personal hygiene, health care, medication, education, supervision, protection from harm, or physical or emotional support.

³ See also HMBC's *Harassment and Sexual Abuse Policy*.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

1.4.7. Physical Abuse

The use of intentional force that results in physical pain, injury or trauma to a person. It may be a single incident or a series or pattern of incidents.

1.4.8. Sexual Abuse

The inappropriate exposure of a person to sexual contact, activity, comments or behaviour. It includes, but is not limited to, any sexual touching, intercourse, exploitation, or exhibitionism. It can be perpetrated by anyone, including a Parent, Caregiver, family member, relative, someone in a Position of Trust, friend or stranger.

1.4.9. Spiritual Abuse

The use of any coercive techniques or manipulative appeals for the purpose of Christian conversion that bypass a person's critical faculties and play on their psychological weaknesses.

1.5. General Guidelines and Principles for Reducing the Risk of Abuse⁴

1.5.1. Isolation

RISK increases as isolation increases.

Where possible, all meetings with Vulnerable Persons are to be in a group or in pairs rather than alone. It is preferable to have 2 or more Screened Adult Volunteers and Staff present when working with Vulnerable Persons. If another Screened Adult Volunteer or Staff cannot be in the same room it is best to have them close by in the same building and aware of the meeting, acting in the role of a Hall Monitor.

The objective should be to meet in an open, public space rather than a closed, private space. A hallway is better than a secluded room; an office is better than a person's home; a public restaurant is better than a shopping mall; an open door is better than a closed door; and a door with a window is better than a solid door.

1.5.2. Accountability

RISK increases as accountability decreases.

At all times (where possible) others should be made aware of activities and whereabouts when Volunteers and Staff meet with Vulnerable Persons.

Program maintenance shall include a thorough review at the beginning of each ministry year to ensure that training, the updating of files, and the physical environment are compliant with this policy. Compliance fosters accountability.

⁴ Adapted from Hammar, Richard R., and Marian V. Liautaud. Reducing the Risk: Keeping Your Ministry Safe from Child Sexual Abuse. Carol Stream, IL: Your Church Resources, Christianity Today International, 2008. Print.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

For the protection of Vulnerable Persons, supervision of all Volunteers and Staff shall be intentional and shall take place through formal and informal visits to Ministry Activities by Ministry Team Leaders, pastoral staff, or Leadership Team members.

If a person is involved in a situation where a boundary is violated, or something occurs that is out of the ordinary or could be misinterpreted, or where such a violation or occurrence is alleged, they should immediately report it to a Ministry Team Leader, pastoral staff or another member of the Leadership Team.

1.5.3. Power

RISK increases when there is an imbalance of power, authority, influence and control between a potential abuser and potential Victim

Corporal punishment is prohibited.

Every allegation, disclosure, and suspicion of Abuse of a Vulnerable Person shall be reported and followed up.

2. PROTECTION PROCEDURES

2.1. Volunteer and Staff Screening Procedures

Designated Screening Personnel shall oversee the screening of all Volunteers and Staff who are applying to HMBC to be placed in a Position of Trust. It is recommended that Ministry Team Leaders be involved in the screening process for their teams. Volunteers and Staff shall complete the screening process prior to being placed in a Position of Trust with or on behalf of HMBC. In accordance with Alberta's Personal Information Protection Act (PIPA), screening documentation shall include the reason for which the information is being collected. All completed screening documentation is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives, accessible only to the Ministry Team Leaders, pastoral staff or Designated Screening Personnel, or where required by law. Screening steps are as follows:

2.1.1. Qualifications

Prior to being screened, Adult Volunteers and Staff, and Junior Volunteers shall:

- Be a committed, growing follower of Jesus Christ;
- Be age 11 and up;
- Have regularly attended and been involved at HMBC as a member or adherent in good standing for a minimum of six months,
 - Exceptions may be made if an Adult new to HMBC has recently come from another church as a member or adherent in good standing, and – in addition to all screening steps - receives a positive reference from a pastor or ministry supervisor of that church; and
- Support the mission, core values, and vision of HMBC.

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In addition, Adult Volunteers and Staff shall also:

- Accept and agree to adhere to the MB Confession of Faith⁵; and
- Not have been accused, convicted, or under the suspicion of crimes against Vulnerable Persons, or have been convicted of violent crimes or other relevant crimes.

2.1.2. Applications

- Persons aged 11 to 17 shall complete **APPENDIX 1 – JUNIOR VOLUNTEER SCREENING APPLICATION**; Persons aged 18 and up (including those who previously served as Junior Volunteers) shall complete **APPENDIX 2 – ADULT VOLUNTEER AND STAFF SCREENING APPLICATION**.

2.1.3. Reference Checks

It is recommended that Designated Screening Personnel conduct at least two qualitative reference checks on Volunteers and Staff, age 16 and older, who are being screened to be placed in a Position of Trust with or on behalf of HMBC, using **APPENDIX 4 – REFERENCE CHECK FOR VOLUNTEER AND STAFF SCREENING** and as follows:

- Volunteers and Staff shall sign a Release of Information and Declaration of Intent on **APPENDIX 1 – JUNIOR VOLUNTEER SCREENING APPLICATION**, **APPENDIX 2 – ADULT VOLUNTEER AND STAFF SCREENING APPLICATION**, or **APPENDIX 3 – COMMUNITY VOLUNTEER SCREENING APPLICATION** before reference checks are conducted;
- References provided shall fit with the acceptable categories for Junior Volunteers, Community Volunteers, or Adult Volunteers and Staff; and
- Reference checks may be conducted by telephone or in person to confirm the suitability of Volunteers and Staff to work with Vulnerable Persons with or on behalf of HMBC.

2.1.4. Interviews

In response to both **APPENDIX 1 – JUNIOR VOLUNTEER SCREENING APPLICATION** and **APPENDIX 2 – ADULT VOLUNTEER AND STAFF SCREENING APPLICATION**, an interview (which may take the form of a ministry evaluation in the case of a long-term Volunteer or Staff) shall be conducted by the Ministry Team Leader or Designated Screening Personnel. A written record of the interview/ministry evaluation shall be submitted to the HMBC office. **APPENDIX 5 – INTERVIEW QUESTIONNAIRE FOR VOLUNTEER AND STAFF SCREENING** may be used as a guideline.

2.1.5. Police Information Checks

A Police Information Check (“PIC”) (or Criminal Record Check) shall be conducted on all Volunteers and Staff, age 16 and up, who are being screened. For Volunteers and Staff, age 18 and up, the PIC shall include a Vulnerable Sector Search. PICs shall be renewed every three years or as required by law. Information on how persons shall apply for and submit a PIC to HMBC is found in **APPENDIX 6 – POLICE**

⁵ <http://www.mennonitebrethren.ca/resource/the-mb-confession-of-faith-detailed-edition/>

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

INFORMATION CHECK INSTRUCTIONS. If a PIC, together with a Vulnerable Sector Search, is returned “NOT CLEAR” Volunteers and Staff shall be asked to do one of the following:

- Submit to fingerprinting verification and disclosure and verification of the crimes committed of which they have been convicted; or
- Withdraw their Application to be placed in a Position of Trust with or on behalf of HMBC.

Without verification of convictions and without a clear Vulnerable Sector Search a person shall not be placed in a Position of Trust with or on behalf of HMBC.

2.1.6. Training

Abuse prevention training is required for all:

- HMBC staff members, whether full-time, part-time, short-term or contract staff, and pastoral staff whether or not they receive a salary. Custodial staff may be exempt if they are not in proximity to Vulnerable Persons while working;
- Leadership Team members;
- Ministry Team Leaders of teams on which Children to whom they are not related serve; and
- Volunteers and Staff, whether already screened or in the process of being screened to be placed in a Position of Trust with or on behalf of HMBC.

Training sessions by designated trainers certified by Plan to Protect® shall include:

- a review of this policy;
- a review of each person’s legal obligation to report suspected Abuse; and
- education on how to recognize and identify the symptoms of Abuse.

Training shall consist of a Plan to Protect® Orientation prior to ministry placement and an annual Plan to Protect® Refresher, preferably early in the ministry year, after that. Attendance at in-house training is preferred, but on-line or webinar training through Plan to Protect® shall be deemed an acceptable form of training, if in-house training is not possible. Information on how a person shall be trained on-line in **APPENDIX 7 – PLAN TO PROTECT® ON-LINE TRAINING INSTRUCTIONS**. Reimbursement by HMBC for on-line or webinar training is at the discretion of Designated Screening Personnel. Volunteers and Staff may be in touch with Designated Screening Personnel to access HMBC’s online coupon code qualifying them to receive a 10% discount through the Mennonite Brethren denominational membership with Plan to Protect®.

Periodically, Volunteers and Staff might have opportunity to take part in additional training conferences or workshops (elsewhere or in-house). Volunteers and Staff are encouraged to seek out courses such as First Aid, CPR (cardiopulmonary resuscitation), and AED Training. Reimbursement by HMBC for these training options is at the discretion of the Designated Screening Personnel.

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Attendance at or completion of training courses pertinent to volunteering with or on behalf of HMBC shall be noted in a person's Permanent Record.

2.1.7. Standard of Conduct Agreement

Volunteers and Staff, age 16 and up, shall sign a *Standard of Conduct Agreement*, confirming that they agree to follow HMBC's *Standard of Conduct Policy* (found elsewhere in the *Highland Handbook Conduct Manual*), in order to assist in creating a harmonious and ethical ministry environment which honours God, is above reproach, serves the community, and does not endanger HMBC's welfare, interests or reputation.

2.1.8. Confidentiality Agreement

Adult Volunteers and Staff being screened shall sign a stand-alone *Confidentiality Agreement* (found elsewhere in the *Highland Handbook Conduct Manual*) confirming that they will hold sensitive information in strictest confidence. Screened Junior Volunteers shall sign an abbreviated confidentiality agreement (found within **APPENDIX 1 – JUNIOR VOLUNTEER SCREENING APPLICATION**).

2.1.9. Approval

There are three stages requiring approval for being placed in a Position of Trust with or on behalf of HMBC: Junior Volunteer, age 11 to 15; Junior Volunteer, age 16 and 17; and Adult Volunteer or Staff, age 18 and up. Upon completion of the screening process for each of these stages, all screening documentation filed in the Permanent Record of a Volunteer or Staff shall be submitted to the Lead Pastor or another member of the Executive for careful review, and approval. If approved, the Lead Pastor or another member of the Executive shall sign and date the appropriate stage on **APPENDIX 8 – CHECKLIST AND APPROVAL FOR VOLUNTEER AND STAFF SCREENING** and submit it to Designated Screening Personnel. Designated Screening Personnel shall inform appropriate Ministry Team Leaders of approval of Volunteers and Staff. Volunteers and Staff shall not be placed in a Position of Trust without this approval. Access to Vulnerable Persons shall be limited to that of an Occasional Observer until approval is given. It is recommended that the recruitment and screening process be completed within three months.

2.1.10. Covenants of Care

Once approved for being placed in a Position of Trust with or on behalf of HMBC, Screened Volunteers and Staff shall annually sign **APPENDIX 9 - COVENANT OF CARE**, confirming they are committed to HMBC's mission and their duty of care, and have been trained in and are willing to comply with HMBC's policies and procedures, including this policy.

2.2. Community Volunteers

At times, persons who do not consider HMBC their church home may be interested in volunteering in HMBC programs geared for Vulnerable Persons. This may be due to their genuine love of Children, Youth, or Vulnerable Adults or due to their wish to be involved

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

in a worthwhile endeavor. Before being approved, Community Volunteers shall successfully complete the abbreviated screening requirements for such a role as outlined here.

As part of the screening process, Community Volunteers shall

- complete *APPENDIX 3 – COMMUNITY VOLUNTEER SCREENING APPLICATION* (which includes a Confidentiality Agreement);
- participate in an interview for volunteer ministry;
- provide names and contact information of two persons to whom they are not related and who could provide a reference for them;
- submit a clear Police Information Check; and
- participate in annual *Plan to Protect®* training.

Any costs incurred to comply with these requirements may be reimbursed by HMBC at the sole discretion of the Ministry Team Leader or Designated Screening Personnel.

Community Volunteers shall fulfil their roles under the direct supervision of HMBC's Screened Adult Volunteers and Staff and shall never be left alone with a Child. They shall participate in the pre-program meeting and post-program debriefs with the Ministry Team. They shall wear a nametag, identifying them as Community Volunteers.

Although Community Volunteers may not necessarily share HMBC's beliefs, they realize and accept that they are volunteering in a program that teaches character qualities and precepts from a Biblical point of view, even if Biblical terminology and references are not used. They shall refer questions about values or faith to Screened Adult Volunteers and Staff.

Community Volunteers do not include: guest speakers, presenters, visitors to HMBC programs, nor parents assisting their own children in HMBC programs. These fall under the category of Occasional Observer.

2.3. General Protection Procedures

In accordance with Alberta's Personal Information Protection Act (PIPA), all required registrations and consents shall be in writing and shall include the reason for which the information is being collected. The original documents are filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives, accessible only to the Ministry Team Leaders, pastoral staff or Designated Screening Personnel, or where required by law.

2.3.1. Plan to Protect® Program Maintenance

Program maintenance shall include a thorough review at the beginning of each ministry year to ensure that training, the updating of files, and the physical environment are compliant with this policy. Compliance fosters trust.

2.3.2. Planning for Safety

Volunteers and Staff shall take every reasonable precaution to ensure a safe environment in evaluating, planning and conducting a Ministry Activity. Safety

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

precautions are to be communicated to Vulnerable Persons, and where applicable, their Parents or Caregivers.

[Refer to Highland Church's Physical Safety and Emergency Response Policy for more detailed safety precautions.](#)

2.3.3. Annual Registration and Release Forms

At the start of each ministry year (September) or when a Vulnerable Person begins participating in Ministry Activities, **APPENDIX 10 - ANNUAL REGISTRATION AND RELEASE FORM** shall be completed for each Vulnerable Person and signed by a Parent or Caregiver. This form provides basic registration information, emergency contacts, pertinent health details and various releases permitting the Vulnerable Person to be involved in Ministry Activities until August 31 of the following year.

It is the responsibility of Ministry Team Leaders to ensure that *ARRFs* are completed for all participants and submitted to Designated Screening Personnel or the HMBC office. Reasonable effort shall be made to keep registration information updated and current and to relay pertinent personal information from an *ARRF* - such as allergy alerts, medical information, activity restrictions and release information - to Screened Volunteers and Staff who work with that Vulnerable Person, including but not limited to:

- A temporary copy of this document is maintained in the care of the Ministry Team Leader on off-site HMBC-sponsored Ministry Activities;
- A notification on the Vulnerable Person's identification or nametag; and/or
- Verbal communication from a Ministry Team Leader, Parent or Caregiver.

ARRFs shall not replace specific consent and authorization forms for Ministry Activities of elevated risk or that involve off-site travel.

2.3.4. Attendance Records

Attendance shall be taken at each Ministry Activity specifically designed for Vulnerable Persons. Attendance records shall include the date, location, Vulnerable Person's first and last name, and full names of all Volunteers and Staff and Occasional Observers present on that date.

2.3.5. Supervision of Volunteers and Staff

For the protection of Vulnerable Persons, supervision of all Volunteers and Staff shall be intentional and shall take place through formal and informal visits to Ministry Activities by Ministry Team Leaders, pastoral staff, or Leadership Team members.

2.3.6. Occasional Observers

Occasional Observers shall have their attendance recorded and kept on file with the group attendance for that day. They shall be clearly identified and shall not be placed in a Position of Trust. They shall not assume responsibility for other Vulnerable Persons and they shall not be permitted to assist with diapering or

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

taking a Vulnerable Person to the washroom. Adult strangers shall not be permitted to attend Ministry Activities specifically designed for Vulnerable Persons.

2.3.7. One-on-One Situations

Screened Volunteers and Staff are encouraged to meet with Vulnerable Persons only during the parameters of a Ministry Activity. They shall avoid anything that involves isolation and shall meet in group settings along with other Screened Volunteers and Staff. The Ministry Team Leader shall pre-approve Screened Volunteers and Staff who do one-on-one mentoring or counselling and such one-on-one mentoring or counselling shall be done in public settings and only under the following conditions:

- The Ministry Team Leader shall be informed of the time and place of the meeting prior to the meeting;
- Parental permission shall be granted in writing and include time, location, purpose and persons present;
- Separate transportation shall be arranged (avoiding isolation);
- The interaction may not take place in a room with a closed door unless it has an unobstructed window; and
- The interaction shall be observed by or happen within earshot of other Screened Volunteers and Staff or the general public.

2.3.8. Physical Touch Limitations

Volunteers and Staff shall be made aware that certain actions are deemed inappropriate and shall not be permitted. Physical touch shall always be age and developmentally appropriate and based on the need of the Vulnerable Person, not the need of the Volunteer or Staff. One way to judge appropriate touch is whether the action would be taken in the presence of the Parent or Caregiver. Physical touch may only take place in view of others, never in isolation.

Volunteers and Staff shall refrain from inappropriate touch (or touch that could be misinterpreted) at all times, such as:

- Carrying a Vulnerable Person capable of walking on their own;
- Over-exuberant or prolonged displays of affection;
- Holding a Vulnerable Person's face when talking or disciplining;
- Chest-to-chest or extended hugging;
- Roughhousing or wrestling;
- Kissing or coaxing a kiss;
- Lap sitting;
- Backrubs or other forms of massage;
- Tickling; and
- Touching in any area that would be covered by a bathing suit except in cases of diapering and assisting young Children as outlined in 2.4.5 Diaper Changing and Washroom Guidelines.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

2.3.9. *Discipline & Group Management*

All discipline and group management shall be conducted in a loving and caring environment. Group rules shall be established to clearly communicate the expectations required. All attempts shall be made to prevent discipline problems from arising and to avoid the need for remedial discipline by adhering to the following guidelines.

Group Rule Suggestions:

- We speak, one at a time;
- We use inside voices;
- We use good manners;
- We respect each other;
- We raise our hands quietly;
- We obey directions the first time;
- We keep our hands and feet to ourselves; and
- We are friendly.

Preventive Discipline Guidelines:

- Create a loving, caring atmosphere;
- Use language that is respectful, encouraging, and appropriate;
- Show respect (to gain respect, you must grant respect);
- Model self-discipline and structure in your own life;
- Prepare exciting and interesting activities with short transitions in between;
- Arrange an environment conducive for learning;
- Establish and communicate realistic expectations;
- Provide meaningful and age or developmentally-appropriate activities;
- Be fair and consistent;
- Focus on positive actions and reward positive behaviour; and
- Be aware of Vulnerable Persons with special needs and bring their needs to the attention of the Ministry Team Leader.

Remedial Discipline Guidelines:

- Deal with problems on a personal basis;
- Explain to the Vulnerable Person why the behaviour is unacceptable and instruct them how to do it correctly;
- Redirect the Vulnerable Person to positive action, which may involve physical redirection or touch;
- Explain the consequences of unacceptable behaviour by defining the correct way to behave as well as the result of the wrong behaviour;
- Offer choices that are acceptable to both you and the Vulnerable Person;
- Seek help from a Ministry Team Leader, Parent or Caregiver; and

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

- Report excessive misbehaviour or other challenges to your Ministry Team Leader.

The following forms of punishment shall not be permitted:

- Corporal punishment of a Vulnerable Person by Volunteers and Staff or another Vulnerable Person;
- Deliberate harsh or degrading measures that would humiliate a Vulnerable Person or undermine their self-respect;
- Deprivation of a Vulnerable Person's basic needs; or
- Locking or confining a Vulnerable Person in a room separate from others.

2.3.10. Anti-Bullying and Zero Tolerance⁶

In addition to HMBC's *Adult Sexual Abuse and Harassment Policy*, this anti-bullying policy shall be in effect at all times and shall be clearly communicated and enforced. Bullying, of any kind, shall not be accepted or tolerated. Bullying includes all forms of verbal harassment, such as gossip, put-downs, and ridicule, as well as physical aggression.

Most bullies operate under the assumption that behavior is wrong only if it results in punishment. To counter this, Screened Volunteers and Staff shall establish a set of clear, firm rules that define behavior expectations, and then point out exactly where the bully has crossed the line and why their behaviour isn't tolerable. Screened Volunteers and Staff must be especially vigilant during active games where lots of noise and movement can obscure deliberate acts of aggression. Correction must be reasonable, appropriate, and purposeful.

DO:

- Confront bullying head-on,
- Demonstrate loving concern for the bully,
- Recognize the targeted person's needs and demonstrate concern, inclusion and support,
- Educate bystanders to support anyone who is being targeted by a bully and report it to a Screened Volunteer or Staff,
- Let Children know they need to get help from an Adult if they're being bullied,
- Use role play to develop Children's ability to be empathetic—and assertive, and
- Encourage bystanders to take a stand for the targeted person.
-

DON'T:

- Use excessive correction; it ingrains the idea that a position of power gives a person the right to be cruel or domineering,
- Hesitate to involve a child's parents if a problem persists, and
- Tell children to ignore a bully.

⁶ <http://childrensministry.com/articles/3-perplexing-discipline-challenges-youll-ever-face-kids-church/>

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Three principles to remember:

- We will not bully others.
- We will help Children who are bullied.
- We will include Children who might be left out.

Procedure for Dealing with Bullying:

Any incident, disclosure, or suspicion of bullying shall be acknowledged, reviewed and reported immediately to the Ministry Team Leader. Appropriate action shall be taken based on the situation and may include, but is not limited to:

- Completing an **APPENDIX 16 - INCIDENT REPORT FORM**;
- Notifying Parents or Caregivers of each bully and each targeted person;
- Providing a warning that bullying shall not be tolerated;
- Suspending the bully for one day or Ministry Activity if behaviour persists;
- Suspending the bully for three days or Ministry Activities after a subsequent incident;
- Requiring Parent or Caregiver to accompany the bully to Ministry Activities;
- Expelling the bully from Ministry Activities for a period of time if bullying continues after repeated suspensions;
- Making all attempts to work towards reconciliation and change of behaviour with the bully;
- Recommending counseling and support for the bully (bullying may be an indicator of Abuse) and the targeted person; and/or
- Contacting and consulting with police services or Child and Family Services if necessary or appropriate.⁷

2.4. Protection Procedures Specific to Children - Birth to Grade 6

2.4.1. Screened Volunteers and Staff / Child Ratios

Ministry Activities and room settings shall comply with established ratios for Screened Volunteers and Staff and Children at all times. Established ratios are:

- 2 Screened Volunteers and Staff for every 6 infants (birth to 15 months old). For Ministry Activities of elevated risk, ratios shall be adjusted to 2 Screened Volunteers and Staff for every 3 infants;
- 2 Screened Volunteers and Staff for every 10 toddlers and pre-schoolers (15 months old to age 5). For Ministry Activities of elevated risk, ratios shall be adjusted to 2 Screened Volunteers and Staff for every 5 toddlers and preschoolers; and

⁷ Advice concerning bullying incidents may be obtained by calling Alberta's 24-hour anonymous Bullying Prevention Helpline at 1-888-456-2323.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

- 2 Screened Volunteers and Staff for every 20 elementary age Children (age 6 to grade 6). For Ministry Activities of elevated risk, ratios shall be adjusted to 2 Screened Volunteers and Staff for every 10 elementary age Children.

2.4.2. Supervision of Children

Screened Junior Volunteers, age 11 to 15 may assist only under supervision of 2 or more Unrelated Screened Adult Volunteers or Staff. It is recommended that there be at least a five-year age gap between Screened Volunteers and Staff and the Children in attendance.

For Children Birth to 3 Years:

To provide adequate supervision of Children, birth to age 3, the following Screened Volunteers and Staff shall be in place (with best practices appearing first in the list):

- A minimum of 2 Unrelated Screened Adult Volunteers and Staff, except in the event of an emergency;
- A minimum of 2 Related Screened Adult Volunteers and Staff, PLUS:
 - 1 Unrelated Screened Adult Volunteer or Staff; or
 - with the door open and a Hall Monitor who is an Unrelated Screened Volunteer or Staff circulating periodically from room to room;
- 1 Screened Adult Volunteer or Staff and 1 Screened Junior Volunteer, age 16 or 17;
- 1 Screened Adult Volunteer or Staff and 1 Screened Junior Volunteer, age 11 15 with the door open and a Hall Monitor who is an Unrelated Screened Volunteer or Staff circulating periodically from room to room; or
- 2 Screened Junior Volunteers, age 16 or 17, with the door open and 1 Hall Monitor circulating periodically from room to room.

For Children 4 Years to Grade 6:

To provide adequate supervision of Children, age 4 to Grade 6, one of the following Screened Volunteers and Staff ratios shall be in place (with best practices appearing first in the list):

- A minimum of 2 Unrelated Screened Volunteers and Staff present, except in the event of an emergency;
- A minimum of 2 Related Screened Adult Volunteers and Staff, PLUS:
 - 1 Unrelated Screened Adult Volunteer or Staff; or
 - with the door open and 1 Hall Monitor who is an Unrelated Screened Volunteer or Staff circulating periodically from room to room;
- 1 Screened Adult Volunteer or Staff and 1 Screened Junior Volunteer with the door open and a Hall Monitor who is an Unrelated Screened Volunteer or Staff circulating periodically from room to room;
- 1 Screened Adult Volunteer or Staff with the door open and a Hall Monitor who is an Unrelated Screened Volunteer or Staff circulating periodically from room to room; or

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

- 2 Screened Junior Volunteers, age 16 or 17, with the door open and a Hall Monitor circulating periodically from room to room.

2.4.3. Identification

All Screened Volunteers and Staff and Occasional Observers in attendance, shall wear a nametag that clearly identifies them to Parents, Children and others. Children up to Grade 6 shall wear a nametag bearing their first name, which may also include alerts and information from their ARRFs via codes or written on the back for privacy.

2.4.4. Receiving and Releasing Children

The receiving and releasing of Children shall be closely monitored. Children shall not be dropped off or left in the designated room without Screened Volunteers and Staff present.

For Children Birth to Kindergarten (or up to and including age 5):

- Children shall be signed in and out by a Parent or authorized designate for all Ministry Activities; and
- A Parent must remain in the building if their Child is in the building and be easy to locate. Screened Volunteers and Staff shall be aware of Parents and accompanying visitors.

For Children Grade 1 to 2 (or ages 6 to 7):

- Children shall be signed in and out by a Parent or authorized designate for all Ministry Activities.

For Children Grade 3 to 6 (or ages 8 to 11):

- Children shall be signed in by a Parent or authorized designate for all Ministry Activities. Children may sign themselves out on their own.

2.4.5. Diaper Changing and Washroom Guidelines

These guidelines shall be clearly posted in every washroom.

Parents shall be encouraged to deal with their Child's toileting needs prior to the start of each Ministry Activity.

The use of photographic or video recording devices is prohibited in washrooms or change rooms at all times.

Hand Washing Steps for Screened Volunteers and Staff:

- Wash hands with running water and soap for 15 to 30 seconds;
- Wash front and back of hands – don't forget between the fingers;
- Dry hands with disposable towel; and
- Turn off faucet with disposable towel before discarding it.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Diaper Changing Guidelines:

A Child's diaper shall only be changed by designated Screened Adult Volunteers and Staff at the marked diaper changing station in the nursery, which is easily observable by other Screened Volunteers and Staff. A sufficient number of Screened Volunteers and Staff shall be available to manage the other Children in the nursery or Ministry Activity. A Parent shall provide consent for diaper changes on the sign-in/sign-out form and provide diapers and wipes. Topical medications for diaper changing purposes are to be used only when instructed and provided by the Parent.

Follow these steps:

- Wash your hands;
- Put on disposable gloves, if available;
- Place Child on clean change table and use disposable cover, if available;
- Remove soiled diaper and place in plastic bag;
- Clean diaper area with fresh wipe(s) and place used wipe(s) in plastic bag;
- Remove disposable cover and place in plastic bag;
- Remove disposable gloves, place in plastic bag and dispose of plastic bag; and
- Wash your hands.

For Toilet-Trained Children in the Nursery:

Screened Adult Volunteers and Staff may assist toilet-trained Children, age 3 and under, in the nursery washroom. The door to the nursery washroom shall be left partially open for observation by other Screened Volunteers and Staff. If a Child requires assistance and demands the nursery washroom door be closed, Screened Volunteers and Staff must call the Child's Parent to assist the Child.

For Preschool Children:

- A Child, age 4 or 5,
 - shall not go to the washroom alone;
 - shall be accompanied by another Child or group of Children of the same gender; and
 - shall be accompanied by 2 Unrelated Screened Volunteers and Staff, 1 of which must be an Adult, and 1 of which may be a Hall Monitor.
- A Screened Volunteer or Staff shall never be alone with Children in an unsupervised washroom and shall never enter a cubicle with a Child and shut the door.
- Screened Volunteers and Staff shall accompany Children to the washroom and wait for the Children before accompanying them back to the room.
 - If using the nursery washroom, check to make sure it's unoccupied, remain outside within line of sight of the door.
 - If using the downstairs washrooms, prop the outside washroom door open, remain outside it within line of sight of the cubicle.
- If a Child requires assistance, 1 Screened Volunteer or Staff (age 16 and up) may enter the nursery washroom or downstairs washroom cubicle, leaving the door

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

partially open, while 1 Screened Volunteer or Staff remains outside the washroom within line of sight. If a Child requires assistance and demands the washroom door be closed, Screened Volunteers and Staff shall call the Child's Parent to assist the Child.

- Screened Volunteers and Staff shall take into consideration the privacy of the Child.

For Elementary Children:

- A Child, age 6-12,
 - shall not go to the washroom alone;
 - shall be accompanied by another Child of the same gender; and
 - shall be accompanied by 1 Screened Volunteer or Staff, age 16 and up or 1 Hall Monitor;
- A Screened Volunteer or Staff shall never be alone with Children in an unsupervised washroom and shall never enter a cubicle with a Child and shut the door.
- Screened Volunteers and Staff shall accompany the Children to the washroom and wait for the Children before accompanying them back to the room.
 - If using the nursery washroom, check to make sure it's unoccupied, remain outside within line of sight of the door.
 - If using the downstairs washrooms, prop the outside washroom door open, remain outside it within line of sight of the cubicle.

2.4.6. Proper Display of Affection toward Children

Screened Volunteers and Staff shall use appropriate displays of affection that reflect pure, genuine and positive displays of God's love. Examples of appropriate touch for Children - birth to grade 6:

- Hold a preschool Child who is crying;
- Hold a preschool Child's hand when speaking, listening or walking with them to an activity;
- Speak to a Child at eye level;
- Gently hold the Child's shoulder or hand to keep their attention while redirecting their behaviour;
- Put arm around the shoulder of a Child when comforting or quieting is needed; or
- Pat a Child on the head, hand, or shoulder to affirm them.

See 2.2.8. *Physical Touch Limitations* for examples of what constitutes inappropriate touch.

2.5. Protection Procedures Specific to Youth - Age 11 to 17

2.5.1. Screened Volunteers and Staff / Youth Ratios

Ministry Activities for Youth shall comply with the following established staffing ratios:

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

- 2 Screened Volunteers and Staff for every 16 Junior Youth (grades 7 to 8). For Ministry Activities of elevated risk, the ratio shall be adjusted to 2 Screened Volunteers and Staff for every 7 Junior Youth; and
- 2 Screened Volunteers and Staff for every 20 Senior Youth (grades 9 to 12). For Ministry Activities of elevated risk, ratios shall be adjusted to 2 Screened Volunteers and Staff for every 10 Senior Youth.

2.5.2. Supervision of Youth

There shall be at least 2 Unrelated Screened Volunteers and Staff at all Ministry Activities. There shall be at least a 5-year age difference between 1 or more Screened Volunteers and Staff and the Youth in attendance. It is recommended that there be at least a 2-year age difference between additional Screened Volunteers and Staff and the Youth in attendance. Ministry Activities with mixed genders in attendance shall be supervised by both male and female Screened Volunteers and Staff.

2.5.3. Dating

An Adult Volunteer or Staff may not pursue a romantic or dating relationship with a Youth. This includes sexual or flirtatious activity of any kind (including kissing, touching, sexually or romantically suggestive speech, or anything that could be interpreted as flirtatious).

2.5.4. Proper Display of Affection toward Youth

Volunteers and Staff shall use appropriate displays of affection that reflect pure, genuine and positive displays of God's love. Examples of appropriate touch for Youth:

- One-arm hugs;
- Shoulder-to-shoulder hugs; or
- Touch on the upper back or shoulder.

See 2.2.8. *Physical Touch Limitations* for examples of what constitutes inappropriate touch.

2.6. Protection Procedures Specific to Vulnerable Adults

The following procedures are in place for programs and ministries where Vulnerable Adults are in attendance and/or for opportunities where Vulnerable Adults are visited and ministered to.

2.6.1. Screened Volunteers and Staff / Vulnerable Adults Ratios

Programs for Vulnerable Adults shall comply with the following established staffing:

- 2 Screened Adult Volunteers and Staff for every 20 Vulnerable Adults for on-site Ministry Activities. For Ministry Activities of elevated risk, ratios shall be adjusted to 2 Screened Adult Volunteers and Staff for every 10 Vulnerable Adults.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

2.6.2. *Supervision of Vulnerable Adults*

- There shall be at least 2 Unrelated Screened Adult Volunteers and Staff at all Ministry Activities;
- Ministry Activities with mixed genders shall be supervised by both male and female Screened Volunteers and Staff;
- For visitation by a Screened Volunteer or Staff in private homes, nursing centres and hospitals the door shall remain open, with family members, caregivers, personal support workers or medical staff present in the home or facility. It is recommended that Screened Volunteers and Staff record visits, and when possible, register attendance at a facility, meet in common areas or with the door open and avoid pulling the curtain around the bed of a Vulnerable Adult who is bedridden.
- A Screened Volunteer or Staff shall avoid scenarios where they are left alone with a Vulnerable Adult. Caution and professional attitudes shall be observed in all interactions;
- Pastoral ministry shall be limited to the office area of HMBC (i.e. pastor's office, chapel, library) or in a public place (e.g. coffee shop);
- All financial gifts shall be reported to the Vulnerable Adult's Caregiver; and **APPENDIX 16 - INCIDENT REPORT FORM** shall be completed when necessary.

2.6.3. *Personal Care of Vulnerable Adults*

Personal care shall be the responsibility of caregivers and family members. Screened Volunteers and Staff coming to visit a Vulnerable Person shall not be required to provide respite services or this extra level of care.

2.6.4. *Proper Display of Affection toward Vulnerable Adults*

Screened Volunteers and Staff shall use appropriate displays of affection that reflect pure, genuine and positive displays of God's love. Examples of appropriate touch for Vulnerable Adults:

- One-arm hugs;
- Shoulder-to-shoulder hugs; or
- Touch on the upper back or shoulder.

See 2.3.8 *Physical Touch Limitations* for examples of what constitutes inappropriate touch.

2.7. *Guidelines for Ministry Activities of Elevated Risk*

Off-site travel and Ministry Activities of elevated risk (e.g. off-site events, overnight stays, short term trips, etc.) require the following additional steps.

2.7.1. *Informed Consent*

Parents shall be notified at least one week prior to any off-site travel or Ministry Activity of elevated risk with a *Letter of Informed Consent* (see sample letter on **APPENDIX 14 - INFORMED CONSENT**), listing details of the Ministry Activity. A signed

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 14 - INFORMED CONSENT in conjunction with **APPENDIX 10 - ANNUAL REGISTRATION AND RELEASE FORM**, shall be required for each Vulnerable Person. A temporary copy of this document is maintained in the care of the Ministry Team Leader on off-site HMBC-sponsored Ministry Activities. (If the original document is needed by a venue, then a copy is filed indefinitely in HMBC's CONFIDENTIAL archives.) Parents have the option of signing a specific Informed Consent for each activity or signing a single Informed Consent for the ministry year ending on August 31 each year, with the right to revoke that Informed Consent in writing at any time.

2.7.2. Supervision

Screened Volunteers and Staff shall be assigned a specific group of Vulnerable Persons for whom they are responsible. Female Screened Volunteers and Staff shall be assigned supervision of female Vulnerable Persons and male Screened Volunteers and Staff shall be assigned supervision of male Vulnerable Persons. Vulnerable Persons shall not be allowed to leave the Ministry Activity. Any exceptions shall be duly noted on **APPENDIX 14 - INFORMED CONSENT** submitted by the Parent or Caregiver.

2.7.3. Transportation

For off-site Ministry Activities, Vulnerable Persons shall be dropped off and picked up at the event location whenever possible.

For Ministry Activities that involve transportation, chartered vehicles shall be used whenever possible. Multi-passenger vehicles that accommodate more than 8 passengers may require special consideration in terms of driver qualifications and experience, and vehicle insurance. **APPENDIX 15 - OFF-SITE TRAVEL FORM** shall be completed by the Ministry Team Leader.

For Ministry Activities that involve transportation by Screened Volunteers and Staff or volunteer drivers, **APPENDIX 15 - OFF-SITE TRAVEL FORM** shall be completed by the Ministry Team Leader.

All Screened Volunteers and Staff or volunteer drivers transporting Vulnerable Persons during a Ministry Activity shall be pre-approved by the Ministry Team Leader as follows:

- known to be a responsible driver (a Driver's Abstract may be requested);
- verified to be in possession of a valid driver's license;
- verified to have current automobile insurance policy;
- encouraged to have Third Party Liability coverage of \$2,000,000; and
- encouraged to purchase additional coverage for passenger hazard exposure.⁸

⁸ HMBC's insurance provider, Mennonite Mutual Insurance (MMI), recommends that additional coverage for passenger hazard exposure be purchased by HMBC staff and volunteers who provide transportation to non-related others to, from, and for HMBC-sponsored Ministry Activities.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Drivers shall ensure that the vehicle they are driving is in good mechanical order, properly registered and adequately insured. They shall be informed of transportation routes, back-up and emergency response plans. Vehicles shall be packed in a way that does not obstruct sight lines and mirrors. Drivers shall obey all the rules of the road including speed limits. Reckless, distracted, or unsafe driving shall not be tolerated. Drivers shall be personally responsible for all traffic and parking violations. Drivers shall immediately notify authorities and their Ministry Team Leader of any relevant incident or accidents and fill out **APPENDIX 16 - INCIDENT REPORT FORM**.

All Vulnerable Persons being transported during Ministry Activities must have a current **APPENDIX 10 - ANNUAL REGISTRATION AND RELEASE FORM** with Transportation Release on file and provide an event-specific **APPENDIX 14 - INFORMED CONSENT** signed by their Parent or Caregiver. Safety and supervision rules should be reviewed with passengers prior to departure. Passengers should limit any activities that may cause driver distraction, such as loud music and boisterous behaviour.

The number of occupants in vehicles transporting Vulnerable Persons during Ministry Activities shall not exceed the number of seat belts and each occupant shall be in age-appropriate and properly installed safety restraints. Seat belts shall be worn by everyone and remain fastened as long as the vehicle is in operation. First aid and emergency preparedness kits are recommended for each vehicle, especially for long distance trips.

At least 2 Screened Volunteers and Staff shall be in each vehicle transporting Vulnerable Persons during Ministry Activities. Exceptions to this policy shall only be made with the Ministry Team Leader's knowledge and the written permission of Parents or Caregivers on an event-specific **APPENDIX 14 - INFORMED CONSENT**. Even with the Ministry Team Leader's knowledge and written permission of Parents or Caregivers to transport Vulnerable Persons with only 1 Screened Volunteer or Staff in the vehicle, there must be more than 1 Vulnerable Person present in that vehicle to avoid isolation. In the event that a Vulnerable Person absolutely must be transported to their destination alone by 1 Screened Volunteer or Staff, it is recommended that they talk on the phone to their Parent or Caregiver or another unrelated Screened Volunteer or Staff until they reach their destination.

Vulnerable Persons shall never be left unattended in a vehicle.

HMBC policy cannot dictate who drives a Vulnerable Person to and from a Ministry Activity - including a Youth with a valid Alberta Class 5 (or equivalent) Driver's License who drives themselves or others.

2.7.4. Shower and Change Room Guidelines

These guidelines are in place for Ministry Activities of elevated risk that involve the use of showers or change rooms by Vulnerable Persons (e.g. swimming, water games, and overnight accommodation).

- 2 Unrelated Screened Volunteers and Staff who are Adults shall be present together in the public dressing or locker room with Vulnerable Persons within

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

sight of where they are showering or changing. A Screened Volunteer or Staff shall not be alone with Vulnerable Persons in this setting.

- Out of respect for the Vulnerable Persons, and to maintain a high standard of professionalism, Screened Volunteers and Staff shall announce their arrival prior to entering a dressing or locker room.
- Screened Volunteers and Staff shall not be permitted to change or shower in the same private cubicle as Vulnerable Persons participating in the Ministry Activity.
- Separate facilities shall be designated for each gender or, if these are not available, separate showering or changing times shall be arranged.
- If a Vulnerable Person is too young or is unable to dress themselves, they shall be aided by their Parent or Caregiver (or authorized designate).
- Appropriate facilities shall be provided where the Vulnerable Person's Parent or Caregiver (or authorized designate) can assist the Vulnerable Person in getting dressed; and
- If assistance in the dressing room is requested by a Vulnerable Person from someone other than another Vulnerable Person, their Parent or Caregiver (or authorized designate), they shall only assist within sight of other Screened Volunteers and Staff or their Parent, Caregiver (or authorized designate), and in a manner where only necessary physical contact occurs.
- The use of photographic or video recording devices, including cell phones, is prohibited in dressing or locker rooms at all times.

2.7.5. Overnight Accommodations

These guidelines apply to accommodations including, but not limited to, churches, conference centres, camps, hotels, motels, and host homes.

- It is strongly recommended that overnight accommodations be arranged in screened and approved host homes, or in a church, camp, or conference centre where Children can stay together, and where 2 or more Screened Volunteers and Staff can be assigned to each common sleeping area.
- A *Letter of Informed Consent* shall include a description of the accommodations; details of the precautions being taken to minimize the risk and to raise the level of safety provided for their Vulnerable Persons; and plans for specific sleeping arrangements, and **APPENDIX 14 - INFORMED CONSENT** shall be duly signed and submitted by a Parent;
- Children shall always be housed in small groups of the same gender;
- Female and male Children shall not be allowed in each other's bedrooms, cabins, or tents for any reason and shall not be permitted to sleep in mixed company;
- A Screened Volunteer or Staff is never to be alone in a room with a Child;
- At no time shall a Screened Volunteer or Staff sleep in the same bed with a Vulnerable Person; and
- Any person travelling with the group who does not qualify as a Screened Volunteer or Staff shall have separate sleeping arrangements.

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Pertaining to Hotels and Motels:

When it is necessary that the group stay in hotels or motels, it is recommended that rooms are all together in one wing. A Child is not to be left alone in a hotel room. Curfews are to be established and enforced.

Children are to have distinctly separate sleeping arrangements from Screened Adult Volunteers and Staff as follows:

- Encourage Parents to accompany the group, assigning family members to hotel rooms; or
- Assign 2 Unrelated Screened Volunteers and Staff who are Adults to a hotel room with 2 or more Children; or
- Request suites with two or three bedrooms and assign 2 or more Children to rooms set apart from the 2 Screened Adult Volunteers and Staff; or
- In hotel or motel rooms with adjoining doors, assign 1 Screened Adult Volunteer or Staff with 2 Children in each room. For accountability purposes, the door separating adjoining rooms shall be kept ajar or open at all times.

Pertaining to Host Homes:

When there is no Screened Volunteer or Staff present in the host home, the following is recommended:

- Prior to hosting billets in their home, all Adults residing in the host homes shall have a recommendation from a pastor and a clear *Police Information Check* with Vulnerable Sector Search;
- Information guidelines shall be distributed to host homes no less than one week in advance of the billets arriving at their home;
- Any allergies and medications for billets shall be communicated to the host home prior to arrival, with clear directions on how to manage allergies and/or medications;
- Children shall always be billeted in groups of 2 or more of the same gender;
- Children shall have distinctly separate sleeping arrangements from the other household members and shall not be left unattended in the house;
- Curfews shall be established and enforced when Children are being billeted; and
- All Children staying in host homes shall be informed of proper etiquette and curfews.

2.7.6. Short Term Mission, Service Learning, or Discipleship Training Trips

Due to the diverse nature of short term mission, service learning, or discipleship training trips (“STM”), a comprehensive set of policies to govern all types of STMs is impossible. The following are some general guidelines that apply at HMBC:

- An application packet shall be prepared for each STM which shall include the specific policies unique and appropriate to that trip, and require prospective applicants and their Parents to give written consent to those policies ([APPENDIX 20 – OVERNIGHT/OUT-OF-CITY MINISTRY ACTIVITY WAIVER.](#))

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

- Leadership for STMs shall be selected from Adult participants. First priority will be given to HMBC staff members, Youth Ministry Team Leaders, Youth Ministry Team Members, and then to Parents of Youth, before being offered to other HMBC members and adherents. When a person who is not already a Screened Volunteer or Staff applies to lead an STM, they must undergo HMBC's Plan to Protect® screening process.
- Participant eligibility shall include, but not be limited to:
 - specific spiritual requirements;
 - specific character requirements; and
 - specific financial obligations.
- There shall be a minimum of two Parent meetings scheduled for each proposed STM: one for information before the application deadline, and one to address any questions or concerns before the STM begins.
- The minimum number of Ministry Team Leaders for mixed gender STMs shall be 2 Unrelated Screened Adult Volunteers and Staff; 1 male, 1 female and all attempts shall be made to provide 4 Screened Adult Volunteers and Staff: 2 males and 2 females.
- Each STM shall have a written policy detailing the circumstances under which a removal from the team might occur, and the procedure that would be employed in such a case ([APPENDIX 20 – OVERNIGHT/OUT-OF-CITY MINISTRY ACTIVITY WAIVER.](#)).
- Ideally, a Youth under the age of 16 would be accompanied by their Parent when participating in an STM. Where that is not feasible, temporary guardianship of the participating Youth shall be given by their Parent to the primary and secondary STM leader via [APPENDIX 20 – OVERNIGHT/OUT-OF-CITY MINISTRY ACTIVITY WAIVER.](#)

2.8. Health & Safety Guidelines

2.8.1. First Aid

Volunteers and Staff are encouraged to seek out First Aid, CPR, AED training so that HMBC becomes a safer place for its Ministry Activities. Reimbursement by HMBC for this type of training is at the discretion of the Designated Screening Personnel.

APPENDIX 11 – LIST OF FIRST AID RESPONDERS AT HMBC shall be updated annually with the names of persons who attend HMBC and are certified in first aid. This information shall be obtained with permission from **APPENDIX 1 – JUNIOR VOLUNTEER SCREENING APPLICATION**, **APPENDIX 2 – ADULT VOLUNTEER AND STAFF SCREENING APPLICATION**, or **APPENDIX 9 - COVENANT OF CARE**. **APPENDIX 11 – LIST OF FIRST AID RESPONDERS AT HMBC** shall be maintained by Designated Screening Personnel, with copies made available in HMBC's first aid kits and ministry team records.

2.8.2. First Aid Kits

A stocked first aid kit shall be accessible on each level of the HMBC building. They shall be stored with identifying signage in the nursery washroom, outside the HMBC office and in the kitchen.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

At every Ministry Activity that takes place away from HMBC premises, a stocked first aid kit shall be available. These are available from the HMBC office.

Each first aid kit shall include the following documents from within this policy:

- *APPENDIX 11 – LIST OF FIRST AID RESPONDERS AT HMBC;*
- *APPENDIX 16 - INCIDENT REPORT FORM;* and
- *APPENDIX 17 – ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT FORM*

2.8.3. Sanitization Supplies

Sanitization stations are located at the two main entrances to the HMBC building and sanitizing lotion or wipes are available in many other areas.

2.8.4. Automated External Defibrillator (AED)

An Automated External Defibrillator (AED) is available for emergencies and located outside the HMBC office.

2.8.5. Illness

It is recommended that any person who is ill and could therefore expose others to illness should not participate in a Ministry Activity. Factors and symptoms might include:

- fever;
- unusual fatigue and irritability;
- coughing, sneezing, runny nose and eyes;
- inflamed mouth and throat;
- vomiting or diarrhea; or
- exposure to, or presence of, a known communicable disease.

Efforts should be made to inform Parents and Caregivers of knowledge of any kind of outbreak of a potentially serious contagious disease related to Ministry Activities. Persons who have not been immunized should remain home if there is risk of contracting a communicable disease they may be susceptible to.

2.8.6. Illness Guidelines Specific to Nursery

These guidelines shall be clearly posted in the nursery.

To respect the health of nursery Children and nursery Volunteers and Staff, Children with any of the following symptoms should not be left in the nursery:

- a temperature over 38.0°C (100.4°F);
- sore or discharging eyes or ears;
- a respiratory infection with profuse (green) nasal discharge;
- vomiting or diarrhea; or
- exposure to, or presence of, any contagious diseases such as: whooping cough, measles, mumps, diphtheria, scarlet fever, hand-foot-and-mouth disease, Haemophilus influenza type b, hepatitis A, impetigo, fifth disease, rubella, strep throat, meningococcal infection, or any undiagnosed rash.

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Parents will be contacted immediately if their Child presents any of the above symptoms while in the nursery.

Effort should be made to inform Parents and Caregivers of knowledge of any kind of outbreak of a potentially serious contagious disease related to Ministry Activities. Children who have not been immunized should remain home if there is risk of contracting a communicable disease they may be susceptible to.

2.8.7. Medication Administration

Volunteers and Staff shall not administer any medication to a Vulnerable Person. A Parent or Caregiver shall be contacted to administer all medication. In the extreme case where epinephrine auto-injectors (e.g. EpiPens®) or inhalers (or puffers) are needed for allergies, anaphylaxis, or asthma, written instructions shall be provided by the Parent or Caregiver to the Ministry Team Leader, as set out below.

The following exceptions shall be made for a full-day program or overnight event:

- Prior to the event, a Parent or Caregiver shall complete and sign **APPENDIX 12 - MEDICATION ADMINISTRATION CONSENT**. Screened Volunteers and Staff must log all medication administered on **APPENDIX 13 - MEDICATION ADMINISTRATION RECORD**;
- Only medication with a prescription label on the bottle shall be administered;
- Only Screened Volunteers and Staff may administer non-prescription medication, and may do so only with written authorization from a doctor;
- Medication shall be entrusted to designated medical personnel or the Ministry Team Leader for safekeeping and storage; and

The medication shall be returned to the Parent or Caregiver at the end of the Ministry Activity and the completed **APPENDIX 13 - MEDICATION ADMINISTRATION RECORD**. **APPENDIX 13 - MEDICATION ADMINISTRATION RECORD** shall be signed by the Parent or Caregiver and a Screened Volunteer or Staff at the time of return and subsequently filed in the Permanent Record of the Vulnerable Person.

Medication is not to be left in a meeting area and shall be kept in the possession of the Ministry Team Leader or designate or in a secure place. This also applies to non-prescription substances such as tobacco and cigarettes brought by Vulnerable Persons to events.

2.8.8. Minor Injuries

- If the person is able to walk, carefully lead them out of the Ministry Activity area. Administer first aid as able and required;
- Report the incident to the Parent or Caregiver of a Vulnerable Person. If they are not on the premises during or after the Ministry Activity, obtain contact information from the Ministry Team Leader or *ARRF*; and
- A Screened Adult Volunteer or Staff shall complete and submit **APPENDIX 16 - INCIDENT REPORT FORM**, even if an injury seems minor or there is not much external evidence. Copies of **APPENDIX 16 - INCIDENT REPORT FORM** are available in HMBC's first aid kits, ministry team records and from the HMBC office.

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

2.8.9. *Severe Injuries*

- Immediately call 911 and administer first aid as able and required. Do not move the person if they are not moving or if there is any doubt about the extent of the injury;
- Contact the Parent or Caregiver of a Vulnerable Person. If they are not on the premises, obtain contact information from the Ministry Team Leader or *ARRF*;
- If transportation to a hospital is required, 1 Screened Adult Volunteer or Staff shall accompany the injured Vulnerable Person and remain with them until the Parent or the Caregiver arrives and all details have been looked after. At least 1 Screened Adult Volunteer or Staff shall stay with the remaining Vulnerable Persons and determine if the Ministry Activity should continue;
- A Screened Adult Volunteer or Staff shall complete and submit **APPENDIX 16 - INCIDENT REPORT FORM**;
- The Lead Pastor or another member of the Executive shall decide if HMBC's insurance company shall be notified and then follow through; and
- A designated spokesperson will be appointed by the Crisis Communication Team, as set out in HMBC's *Crisis Communication Policy*, to speak on behalf of HMBC to media and to the public in relation to a severe injury within the context of HMBC Ministry Activities. All inquiries should be directed to this spokesperson and comments should not be made by other persons.

2.8.10. *Injuries involving Blood*

- Separate the injured person from others;
- Isolate the area where the injury occurred or where any blood may have dropped on the floor, equipment or toys. Screened Adult Volunteers and Staff shall ensure that no other persons have had contact with any of the blood from the cut or injury;
- Non-latex gloves shall be used when bandaging the injury, avoiding contact with mouth, ears and eyes. Extreme care shall be taken in cleaning up all blood and bloody bandages and the safe and secure removal of waste and disposal of gloves to a secure waste removal container. Hands shall be washed carefully with sterilizing soap available in the first aid kit.

A guide on Bloodborne Pathogens and Infectious Diseases is available in each first aid kit.

2.8.11. *Emergencies*

Emergency evacuation procedures shall be reviewed annually by the Lead Pastor or another member of the Executive. These procedures shall be posted in each room stating the planned route of escape to the nearest exit. Volunteers and Staff shall be made aware of these procedures and know the location of fire alarm pull stations and fire extinguishers. The Lead Pastor or another member of the Executive shall conduct fire and evacuation drills upon recommendation and in consultation with the Calgary Fire Department.

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Refer to Highland Church's *Physical Safety and Emergency Response Policy* for more detailed safety precautions.

2.8.12. Publicly Accessible Computers and the Internet

Computers accessible to the general public shall be placed in open areas where the screen is easily visible. Users shall be held accountable through the use of a sign-in/sign-out sheet and - if the computer has network access - a user password.

The Administrative Assistant shall appoint a person who is authorized to periodically review the browser history of any publicly accessible computer.

An *Acceptable Computer Use Policy* shall be developed and posted at all publicly accessible computers.

2.8.13. Electronic Communication

Volunteers and Staff are encouraged to demonstrate and model purity, integrity, transparency and accountability in all conversations. However, electronic communication via cell phone, text message, e-mail, social media, etc. has greater potential for misunderstanding and manipulation and cannot always be monitored. Volunteers and Staff may use these tools to promote and advertise Ministry Activities and to arrange face-to-face meetings, but shall refrain from using them for relationship-building, counselling, or private conversations with Vulnerable Persons.

Electronic communication by Volunteers and Staff with Children, age 12 and under is prohibited, with the following exceptions:

- Volunteers and Staff may communicate via e-mail if
 - written permission has been provided on the *ARRF*;
 - E-mail communication is copied to a Parent or Caregiver, as well as the Ministry Team Leader or other Volunteers and Staff; and
 - a copy of the e-mail is retained by the sender for one full year.

Electronic communication by Volunteers and Staff with Youth, age 13-17 is permitted under the following conditions:

- Communication via e-mail, text message, and social media shall be monitored closely by the Ministry Team Leader and only used with written permission provided on the *ARRF*;
- E-mail, text messages, and other forms of on-line communication shall be copied to a Parent or Caregiver, as well as the Ministry Team Leader or other Volunteers and Staff, with a copy retained by the sender for one full year;
- Social media communication shall avoid private messaging, instant messaging or isolation and shall use a public option others may view such as wall-to-wall, or group pages. All communication should be traceable;
- Volunteers and Staff shall not initiate a Facebook or other social media "friend request" with a Vulnerable Person;

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

- Volunteers and Staff shall limit electronic communication with Youth to the hours of 8:00 a.m.-10:00 p.m. and avoid school hours;
- On-line communication shall not involve personal photos, videos or video messaging (FaceTime, Skype, webcams, etc.) in any form, unless it is a training post or group conference call approved by the Ministry Team Leader; and
- Screened Junior Volunteers shall give access to the Ministry Team Leader or designate access to their social media networks in order to facilitate regular supervision.

If an on-line conversation with a Vulnerable Person moves beyond communication of information, Volunteers and Staff shall immediately discontinue all communication and notify their Ministry Team Leader with a copy of the on-line conversation. Volunteers and Staff shall ask the Vulnerable Person to continue the conversation in person with the Ministry Team Leader or designate. Should a Vulnerable Person be in a crisis situation demanding immediate attention, it may be necessary to immediately contact a police service or appropriate protection agency.

2.8.14. Photography and Video Recording

With a desire to capture memorable moments for and on behalf of HMBC, photography and video recording shall be closely monitored using the following guidelines:

- HMBC-authorized photography and video recording of public services or Ministry Activities shall be done or reviewed by designated Screened Volunteers and Staff.
- Those in attendance shall be notified that the service or Ministry Activity is being captured on camera. Attendees may either stay out of line sight of the camera or, if necessary, opt out of the service or Ministry Activity;
- Permission shall be secured on an annual basis on the *ARRF* prior to Volunteers and Staff taking photographs or videos of Vulnerable Persons at Ministry Activities. The parameters of a Vulnerable Person's photo release will be adhered to (to easily identify Vulnerable Persons who are not to have their picture taken, it is recommended that it be clearly noted on their nametag or in another manner);
- Photographs or video recordings shall not be tagged or labeled with the name of a Vulnerable Person at any time, including but not limited to brochures, promotional material, bulletin boards, newsletters, videos and/or websites; and
- When archiving and filing photographs and video recordings of Vulnerable Persons, only those with written permission shall be kept for future use. Written permissions shall be kept permanently on file.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

3. REPORTING AND RESPONDING TO ALLEGATION, DISCLOSURE, OR SUSPICION OF ABUSE

3.1. *Legal Responsibility*

Any person who knowingly fails to report allegation, disclosure, or suspicion of Abuse may be in violation of the law, may be found to have committed an offence, and may be subject to disciplinary action by HMBC, pursuant to its policies and guidelines.

Persons may submit a report without fear of repercussion, if it is made in good faith (i.e., not with the intent of personally or publicly damaging the reputation of the Accused, the Victim, or HMBC). If it is determined that the report was submitted in bad faith, the person submitting it may be subject to legal proceedings as well as disciplinary action by HMBC, pursuant to its policies and guidelines.

3.1.1. *Regarding Child Abuse*

All persons have the legal obligation to report allegation, disclosure, or suspicion of Abuse by the Child's Parent or under the responsibility of the Parent. Any person who has any information that a Child is or might be in need of protection from a Parent shall report it to police services or appropriate protection agencies.

When Abuse occurs in a facility outside the home, or is perpetrated by a person who is not the Child's Parent or under the responsibility of the Parent, it may not fall under the reporting requirements of the *Child, Youth and Family Enhancement Act*. Some offences committed against Children fall under the *Criminal Code (Canada)*. They include: physical assault, sexual assault and other sexual offences, abandoning a Child and failing to provide the necessities of life. Police are responsible for conducting an investigation and deciding whether there are grounds to lay charges. Although the *Criminal Code (Canada)* does not set out a requirement to report an offence,⁹ HMBC expects its Screened Volunteers and Staff to report any and all kinds of Abuse, especially that which happens within its Ministry Activities.

A person is responsible for reporting concerns (not proving Abuse) and allowing the appropriate authorities to determine whether or not it is necessary to investigate the allegations. The purpose of the legislation is to remove any personal or professional dilemma in reporting.

Minimizing or denying what appears to be a disclosure is not uncommon. Concerns often revolve around worrying about interfering, being wrong and causing problems for the family or the Accused. Child Abuse can be reduced through the action of protective Adults.¹⁰

⁹https://www.solgps.alberta.ca/safe_communities/community_awareness/family_violence/Publications/Responding%20to%20child%20abuse%20handbook.pdf

¹⁰ More information can be found on-line at www.humanservices.alberta.ca/abuse-bullying/15393.html or www.cybertip.ca.

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3.1.2. *Regarding Vulnerable Adult Abuse*

The *Protection for Persons in Care Act* requires that every person who has reasonable grounds to believe there is or has been Abuse involving a Vulnerable Adult to report that Abuse as soon as possible. Failure to report Abuse is an offence.

The *Protection for Persons in Care Act* defines Abuse as an act or omission that:

- Causes serious bodily harm;
- Causes serious emotional harm;
- Subjects the client to non-consensual sexual contact, activity or behaviour;
- Results in failing to provide adequate nutrition, adequate medical attention or another necessity of life without a valid consent, resulting in serious bodily harm;
- Involves misappropriating, or improperly or illegally converting a significant amount of money or other valuable possessions; and/or
- Results in the administration, withholding or prescribing of medication for an inappropriate purpose, resulting in serious bodily harm.

3.2. *Reporting Procedures upon Allegation, Disclosure, or Suspicion of Abuse*

For the protection of Vulnerable Persons, every allegation, disclosure, or suspicion of Abuse against Vulnerable Persons shall be taken seriously, following the reporting procedures listed below.

3.2.1. *Complete APPENDIX 17 – ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT FORM*

Immediately upon allegation, disclosure, or suspicion of Abuse of a Vulnerable Person, the person shall complete **APPENDIX 17 – ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT FORM** documenting all pertinent information. The Victim shall be treated with dignity and respect, fully acknowledging the allegation that has been made, but making no further inferences regarding validity or truthfulness of this account. The Victim must not be asked to answer leading questions nor shall the Accused be contacted. No one must influence what is written on this form. The form shall be kept CONFIDENTIAL on a strict need-to-know basis.

3.2.2. *Report the Allegation, Disclosure, or Suspicion of Abuse to a Police Service or Appropriate Protection Agency*

Immediately upon completing **APPENDIX 17 – ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT FORM**, the person shall make a report to a police service or appropriate protection agency. This report may be made together with a Ministry Team Leader or Lead Pastor or another member of the Executive by telephone or in person. The reporting shall be immediate, a direct report, and an on-going report. The report shall be kept CONFIDENTIAL on a strict need-to-know basis. This form and all pertinent documentation shall be kept indefinitely, unless otherwise directed by legal counsel.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

- If the Victim is a Child:
 - Call Alberta Child Intervention Services at 1-800-638-0715;
 - Call Alberta's Child Abuse Hotline at 1-800-387-KIDS (5437);
 - Call or visit a local police service;
 - Visit a medical facility or hospital;
 - Access www.cybertip.ca, Canada's national tipline to report the on-line sexual exploitation of Children; or
 - In an emergency, call 9-1-1.

By law, under the *Child, Youth and Family Enhancement Act*, the identity of the caller in a report of Child Abuse is protected and cannot be revealed to anyone.

- If the Victim is a Vulnerable Adult:
 - Call a local police service or 9-1-1 if a person's safety or well-being is in immediate danger, or if the Abuse is criminal in nature;
 - Call Protection for Persons in Care at 1-888-357-9339 (not a 24-hour crisis line);
 - Call Calgary Elder Abuse (24-hour) Resource Line at 403-705-3250; or
 - Access the following websites:

1. <http://www.seniors-housing.alberta.ca/seniors/elder-abuse-resources.html>
2. <http://www.health.alberta.ca/services/PPC-report-abuse.html>.

3.2.3. Notify Highland Mennonite Brethren Church Leaders

Immediately upon (or just before) reporting the allegation, disclosure, or suspicion of Abuse, the reporter shall notify their Ministry Team Leader, the Lead Pastor or another member of the Executive. All proceedings shall be kept CONFIDENTIAL on a strict need-to-know basis.

- For the 2018/19 Ministry Year:
 - Lead Pastor Scott Koop: 403-869-5667
 - Leadership Team Executive Chair Don Buhler: 587-580-7575
 - Leadership Team Executive Assistant Chair: Vacant
 - Leadership Team Executive Secretary Judy von Kampen: 403-605-9534

APPENDIX 18 – FOLLOW-UP TO ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT shall be completed by the Lead Pastor or another member of the Executive upon the submission of **APPENDIX 17 – ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT FORM**. Conclusions and actions taken shall be carefully documented and kept permanently in a sealed envelope in the CONFIDENTIAL archives of HMBC.

3.2.4. Notify Parent or Caregiver of Victim

Only as advised by police services or appropriate protection agencies, the Lead Pastor or another member of the Executive may notify the Parent or Caregiver of the Victim. **DO NOT NOTIFY OR CONSULT WITH THE PARENT OR CAREGIVER UNLESS ADVISED BY POLICE SERVICES OR APPROPRIATE PROTECTION AGENCIES.**

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Approved by: Leadership Team
Notice to: Membership

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

3.2.5. Notify the Alberta Conference of Mennonite Brethren Churches

Only if the alleged, disclosed, or suspected Abuse happened within the context of HMBC Ministry Activities or if the Accused is a staff member, church member, or adherent shall the Lead Pastor or another member of the Executive notify the ABMB.

- ABMB: 403-256-3211

3.2.6. Notify Insurance Provider

Only if the alleged, disclosed, or suspected Abuse happened within the context of HMBC Ministry Activities or if the Accused is a staff member, church member, or adherent shall the Lead Pastor or another member of the Executive notify HMBC's insurance provider.

- Mennonite Mutual Insurance: 403-275-6996

3.2.7. Notify Legal Counsel

Only if the alleged, disclosed, or suspected Abuse happened within the context of HMBC Ministry Activities or if the Accused is a staff member, church member, or adherent shall the Lead Pastor or another member of the Executive notify legal counsel.

3.2.8. Review Plan to Protect® Policy

All parties involved in the reporting shall familiarize themselves with the details of this policy as it relates to *REPORTING AND RESPONDING TO ALLEGATION, DISCLOSURE, OR SUSPICION OF ABUSE (Section 3)*.

3.2.9. Adhere to Crisis Communication Policy

A designated spokesperson will be appointed by the Crisis Communication Team, as set out in HMBC's *Crisis Communication Policy*, to speak on behalf of HMBC to media and to the public in relation to the allegation, disclosure or suspicion of Abuse within the context of HMBC Ministry Activities or if the Accused is a staff member, church member, or adherent. All inquiries are directed to this spokesperson and no comment shall be made by other persons.

3.2.10. Do not Assess and Investigate an Allegation, Disclosure, or Suspicion of Abuse

Assessing, substantiating or investigating the need for intervention or interpretation of an allegation, disclosure, or suspicion of Abuse is the sole responsibility of police services or appropriate protection agencies. Full cooperation shall be given to the police services or protection agencies involved.

There must not be any undue interference when a report of Abuse has been filed with police services or appropriate protection agencies. The Lead Pastor or another member of the Executive should ask the authorities how to assist in helping and supporting the investigation and the Victim and their family.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

3.2.11. Keep the Allegation, Disclosure, or Suspicion of Abuse Confidential

Information regarding allegation, disclosure, or suspicion of Abuse is kept strictly CONFIDENTIAL on a need-to-know basis and will only be shared in keeping with the standards of Alberta's *Freedom of Information and Protection of Privacy Act* (FOIP) and HMBC's *Personal Information Privacy Policy*.

It is appropriate to share information only under the following circumstances:

- with the written consent of the Victim or their Parent or Caregiver if the Victim is a Vulnerable Person;
- when reporting that a Vulnerable Person may need protection under the *Child, Youth and Family Enhancement Act* or *Protection for Persons in Care Act*;
- when ordered by a court of law;
- when cooperating with police services or protection agencies; and
- in other circumstances when HMBC's legal counsel has deemed it appropriate to do so.

3.2.12. Give Full Cooperation to Ongoing Investigation of Allegation, Disclosure, or Suspicion of Abuse

Full cooperation shall be given by all parties to police services and appropriate protection agencies under the guidelines of legal counsel.

At no time shall pastoral staff or members of the Leadership Team either engage in denial, minimization or blame, or admit responsibility which could prejudice the case or cause increased liability to CCMBC, ABMB, and HMBC.

Conclusions and actions taken shall be carefully documented by the Lead Pastor or another member of the Executive and kept permanently in a sealed envelope in the CONFIDENTIAL archives of HMBC.

3.3. Response to Victim, Accused, and Offender

3.3.1. Spiritual Response and Counsel for the Victim

For the protection of Vulnerable Persons, allegation, disclosure, and suspicion of Abuse shall be taken seriously and handled with the utmost care. The Victim shall be treated with dignity and respect, fully acknowledging the allegation that has been made, but making no further inferences regarding validity or truthfulness of this account.

Allegation, disclosure, or suspicion of Abuse shall be handled forthrightly with due respect for a person's privacy and confidentiality. Discretion shall be observed and details of the allegation, disclosure, or suspicion of Abuse shall not be shared among the HMBC community. Information is shared on a need-to-know basis, expanding only as persons are drawn into the response and investigation.

During the process of reporting and response, HMBC parties appropriately informed of the situation shall be committed to prayer and strive to remain calm and hopeful.

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

The Lead Pastor or another member of the Executive shall seek opportunities to provide personal care and counsel both for the Victim and their family. The Lead Pastor or another member of the Executive shall determine the need for professional assistance and evaluate and designate resources as needed and able.

3.3.2. *Biblical Response and Discipline for the Accused*

The Accused shall be treated with dignity and respect. If the Accused is a paid employee, that person will be relieved temporarily of their duties until the investigation is completed with arrangements made to either maintain or suspend their income until the allegations are cleared or substantiated.

It is the right and responsibility of HMBC to exercise and practice church discipline as outlined in Matthew 18, and as stipulated in HMBC, ABMB, and CCMBC Policies and Guidelines.

The Lead Pastor or another member of the Executive shall seek opportunity to provide personal care and counsel both for the Accused and their family. The Lead Pastor and the Executive shall determine the need for professional assistance and evaluate and provide resources as needed and able.

Anyone accused of Abuse of Vulnerable Persons will be prohibited from having access to Vulnerable Persons at HMBC and HMBC-sponsored Ministry Activities until they are cleared of any and all charges. A responsible Adult may be designated to be aware whenever the Accused attends Ministry Activities and to accompany the Accused while on HMBC property. Clear written guidelines will be provided to the Accused, listing restricted areas and access points on HMBC property.

3.3.3. *Response to Offenders Convicted of Vulnerable Person Abuse*

Anyone convicted of Abuse of Vulnerable Persons will be prohibited from having access to Vulnerable Persons at HMBC and Ministry Activities specifically designed for Vulnerable Persons. A responsible Adult may be designated to be aware whenever the Offender attends Ministry Activities and to accompany the Offender while on HMBC property. Clear written guidelines will be provided to the Offender, listing restricted areas and access points on HMBC property.

If an Offender wishes to attend HMBC on a regular basis, the Lead Pastor and the Executive may complete **APPENDIX 19 - OFFENDER'S COVENANT AGREEMENT** with the Offender. The agreement serves to restrict access to Vulnerable Persons and protect both the Offender and Vulnerable Persons. The *Offender's Covenant Agreement* shall be written and signed by the Lead Pastor, another member of the Executive, and the Offender.

Information regarding the Offender's conviction(s) shall only be disclosed on a need-to-know basis. Unless the Offender has Children who would also be attending HMBC, other Parents do not need to know of the conviction, and disclosure shall be limited to the Leadership Team.

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4. MISCELLANEOUS

4.1. *Other Users and Shared Activities*

In the case that outside users, members, adherents or renters are granted permission to use the facility for activities involving Vulnerable Persons that are not direct Ministry Activities of HMBC, it is required that they provide a certificate of insurance, with no less than \$2,000,000 General and Tenants Liability Coverage and HMBC be named as additional insured. The user or renter is also required to demonstrate that they have a full Vulnerable Persons protection policy and protocol in place with a similar standard of care as HMBC. If they lack an Abuse prevention policy, HMBC will refer them to Plan to Protect® to secure their own copy of the *Plan to Protect® Manual* to develop their own policy.

In the case that HMBC partners with other churches, agencies or community groups for the delivery of a joint activity or event with Vulnerable Persons, HMBC's insurance agent shall be consulted during the planning stage to determine the risks, insurance coverage and shared liability. HMBC is required to obtain written opinion from the insurance agent acknowledging the status of insurance coverage for these joint activities.

4.2. *Policy Review*

This policy shall be reviewed annually for compliance and updated periodically by the Policy Review Team with the approval of the Leadership Team to ensure procedures are up-to-date and/or clarified as needed and that the policy maintains its relevance to applicable provincial Vulnerable Persons protection legislation and best practices.

**Highland Mennonite Brethren Church
Conduct Manual
Plan to Protect® Policy**

5. APPENDICES

A *Purposes and Extent* statement shall be included on all appendices. Example:

Purposes and Extent
HMBC collects and retains this information for the purposes of _____. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC’s CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your information, please contact HMBC.

A *Liability Release* shall be duly signed on all screening documents, agreements, Ministry Activity registrations and consents. Example:

Liability Release
I undertake and agree to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage or injury suffered by _____ as a result of _____ in the context of HMBC-sponsored Ministry Activities.

A *Cautionary Statement* shall be included on all incident and abuse reports. Example:

Cautionary Statement
A person may submit a report without fear of repercussion, if it is made in good faith and not with the intent of personally or publicly damaging the reputation of the bully, targeted person, Victim, Accused, or the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers. If it is determined that the report was submitted in bad faith, the reporter may be subject to disciplinary action by HMBC, pursuant to its policies and guidelines.

**Highland Mennonite Brethren Church
Conduct Manual
Plan to Protect® Policy**

- 5.1. *Appendix 1 – Junior Volunteer Screening Application***
- 5.2. *Appendix 2 – Adult Volunteer and Staff Screening Application***
- 5.3. *Appendix 3 – Community Volunteer Screening Application***
- 5.4. *Appendix 4 – Reference Check for Volunteer and Staff Screening***
- 5.5. *Appendix 5 – Interview Questionnaire for Volunteer and Staff Screening***
- 5.6. *Appendix 6 – Police Information Check Instructions***
- 5.7. *Appendix 7 – Plan to Protect® On-Line Training Instructions***
- 5.8. *Appendix 8 – Checklist and Approval for Volunteer and Staff Screening***
- 5.9. *Appendix 9 - Covenant of Care***
- 5.10. *Appendix 10 - Annual Registration and Release Form***
- 5.11. *Appendix 11 – List of First Aid Responders at HMBC***
- 5.12. *Appendix 12 - Medication Administration Consent***
- 5.13. *Appendix 13 - Medication Administration Record***
- 5.14. *Appendix 14 - Informed Consent***
- 5.15. *Appendix 15 - Off-Site Travel Form***
- 5.16. *Appendix 16 - Incident Report Form***
- 5.17. *Appendix 17 – Alleged, Disclosed, or Suspected Abuse Report Form***
- 5.18. *Appendix 18 – Follow-up to Alleged, Disclosed, or Suspected Abuse Report***
- 5.19. *Appendix 19 - Offender's Covenant Agreement***
- 5.20. *Appendix 20 – Overnight/Out-of-City Ministry Activity Waive***

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 1 – JUNIOR VOLUNTEER SCREENING APPLICATION

As part of the *Plan to Protect® Policy* at Highland Mennonite Brethren Church (“HMBC”), Youth aged 11-17 who are interested in serving in ministries to Children with or on behalf of HMBC shall complete - in consultation with their Parent(s) – an *Application for Junior Volunteer Screening* and submit it to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Applicant Information		
Applicant’s Full Name:	Birthdate:	
E-mail Address:	Cell Phone #:	
Address:	Home Phone #:	
City:	Province:	Postal Code:
Parent Information		
Father’s Name:	Father’s Cell Phone #:	
Mother’s Name:	Mother’s Cell Phone #:	
Are your parents supportive of your involvement in ministry with or on behalf of HMBC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If “no” please explain:		
Spiritual History		
In a few sentences, outline how you came to know Christ as your personal Saviour; and what you are currently doing to grow in your relationship with Him:		
<p style="text-align: center;">How long have you attended HMBC? _____</p> <p style="text-align: center;">Do you regularly attend HMBC (2 or more services a month)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If “no”, are you willing to attend a baptismal class? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Are you a member of HMBC? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If “no”, are you willing to attend a membership class? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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Ministry Questions

List any gifts, talents, or other strengths that you bring to serving in ministries to Children:

Are there any areas in your life that might stop you from serving in ministries to Children?

Interests and Experience

List your hobbies, interests, and skills:

List your previous ministry/volunteer/job experience:

I have the following medical training and agree to my name being listed on **APPENDIX 11 – LIST OF FIRST AID RESPONDERS AT HMBC:**

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Standard First Aid | My certification is |
| <input type="checkbox"/> CPR/AED Level ____ | <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> current |
| <input type="checkbox"/> Emergency First Aid | <input type="checkbox"/> Other _____ | <input type="checkbox"/> expired |

References: If you are age 16 or 17, name three adults who've known you for at least one year and have a definite knowledge of your character and ability to work with Children. You may include one relative, but must also include a youth pastor/leader, employer, or teacher.

Name of Reference 1:	Nature of Relationship:
E-mail:	Phone #:
Address:	Postal Code:
Name of Reference 2:	Nature of Relationship:
E-mail:	Phone #:
Address:	Postal Code:
Name of Reference 3:	Nature of Relationship:
E-mail:	Phone #:
Address:	Postal Code:

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Liability Release (only applies to those who are age 16 or 17)

I authorize Highland Mennonite Brethren Church ("HMBC") to contact some or all of the persons named above as references and to access the results of my Police Information Check for the purpose of ascertaining my suitability for volunteer ministry with or on behalf of HMBC. I undertake and agree to indemnify and hold harmless any such references from and against any damage that may result from furnishing such evaluations to HMBC. I waive any right to confidentiality and any right to pursue damages against the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and HMBC, each of their leadership, staff, and volunteers from and against any damage that may result from such references' responses or my Police Information Check results in the context of HMBC's Ministry Activities.

Release of Information and Declaration of Intent

I acknowledge that, to the best of my knowledge, the information contained in this *Application for Junior Volunteer Screening* is **true and correct**.

I support the **mission, core values, and vision of HMBC** to follow Jesus Christ and help others know, love, and serve Him by being worshipful, humble, biblical, relational, sacrificial, invitational, transformational, and influential until our neighbours and their neighbours are in a growing relationship with Jesus Christ.

I am committed to **adhering to HMBC's Plan to Protect® Policy** and to cooperate fully with HMBC in the fulfillment of its duties to Children.

Confidentiality Agreement

I agree to **maintain strict confidentiality** of all sensitive or personal information and I will not disclose such information to anyone except authorized representatives of HMBC who need to know such information or as required by law.

Signatures

Signature of Junior Applicant	Printed Name of Junior Applicant	Date
Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date

Purposes and Extent

HMBC collects and retains this information for the purposes of volunteer screening and ministry placement. Upon review and any required follow-up, the original document is filed indefinitely - upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your information, please contact HMBC.

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APPENDIX 2 – ADULT VOLUNTEER AND STAFF SCREENING APPLICATION

As part of the *Plan to Protect® Policy* at Highland Mennonite Brethren Church (“HMBC”), Adults interested in serving in ministries to Vulnerable Persons with or on behalf of HMBC shall complete an *Application for Adult Volunteer and Staff Screening* and submit it to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Applicant Information		
Applicant’s Full Name:	Birthdate:	
E-mail Address:	Cell Phone #:	
Address:	Home Phone #:	
City:	Province:	Postal Code:
Employment and Skills		
List your most recent occupation(s) and/or employer(s):		
1.		
2.		
3.		
List your hobbies, interests, and skills:		
I have the following medical training and agree to my name being listed on APPENDIX 11 – LIST OF FIRST AID RESPONDERS AT HMBC:		
<input type="checkbox"/> None	<input type="checkbox"/> Standard First Aid	My certification is
<input type="checkbox"/> CPR/AED Level ____	<input type="checkbox"/> Health Care Provider	<input type="checkbox"/> current
<input type="checkbox"/> Emergency First Aid	<input type="checkbox"/> Other _____	<input type="checkbox"/> expired
Spiritual History		
In a brief paragraph, outline your spiritual journey (how you came to know Christ as your personal Saviour; and what you are currently doing to grow in your relationship with Him):		
How long have you attended HMBC? _____		
Do you regularly attend HMBC (2 or more services a month)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If “no”, are you willing to attend a baptismal class? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a member of HMBC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If “no”, are you willing to attend a membership class? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Ministry Experience		
List churches you have attended in the last five years:		
Church Name/Address:	Church Phone #/E-mail	Dates Attended: <input type="checkbox"/> Member or <input type="checkbox"/> Adherent
Church Name/Address:	Church Phone #/E-mail	Dates Attended: <input type="checkbox"/> Member or <input type="checkbox"/> Adherent
Church Name/Address:	Church Phone #/E-mail	Dates Attended: <input type="checkbox"/> Member or <input type="checkbox"/> Adherent
List your present and previous ministry experience:		
Church/Organization Name:	Pastor/Ministry Leader Name:	Phone #:
Ministry Description:		
Ministry Dates:		
Church/Organization Name:	Pastor/Ministry Leader Name:	Phone #:
Ministry Description:		
Ministry Dates:		
Church/Organization Name:	Pastor/Ministry Leader Name:	Phone #:
Ministry Description:		
Ministry Dates:		
Church/Organization Name:	Pastor/Ministry Leader Name:	Phone #:
Ministry Description:		
Ministry Dates:		
Health or Medical Conditions		
Do you have any health concerns which could impact your ability to perform the functions of the volunteer position for which you are applying? (Please note such health concerns may not prevent you from holding that position.)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any contagious diseases or conditions of which HMBC should be aware, and for which HMBC may need to take steps to protect against transmission, should you volunteer with or on behalf of HMBC?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes" to any of the above, please explain:		

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Additional Information specific to working with Vulnerable Persons	
List any gifts, training, education, or other qualifications that have prepared you to serve in ministry to Vulnerable Persons:	
Are there any areas in your life or background that would call into question your ability to work with Vulnerable Persons? (e.g. use of illegal substances, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been expelled from or had your employment terminated by any organization or employer for assault, violence or impropriety against a Vulnerable Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been investigated by Child Protective Services or any other organization for suspected Child Abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a defendant or respondent in a civil lawsuit or human rights complaint or other legal proceeding in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behaviour or conduct involving a Vulnerable Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes", please explain:	
Have you ever been convicted or found guilty of a criminal offense for which a pardon has not been granted (excluding minor traffic violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes", list offence(s) and the date(s) of conviction:	
References - Provide the names of three people, excluding relatives, who could provide a reference for you. Include at least one reference from outside HMBC. If you are new at HMBC and have recently come from another church, include a reference from a pastor or ministry leader at your previous church.	
Name of Reference 1:	Nature of Relationship:
E-mail:	Phone #:
Address:	Postal Code:
Name of Reference 2:	Nature of Relationship:
E-mail:	Phone #:
Address:	Postal Code:
Name of Reference 3:	Nature of Relationship:
E-mail:	Phone #:
Address:	Postal Code:

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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**Highland Mennonite Brethren Church
Conduct Manual
Plan to Protect® Policy**

Liability Release

I authorize Highland Mennonite Brethren Church ("HMBC") to contact some or all of the persons named above as references and to access the results of my Police Information Check for the purpose of ascertaining my suitability for volunteer ministry with or on behalf of HMBC. I undertake and agree to indemnify and hold harmless any such references from and against any damage that may result from furnishing such evaluations to HMBC. I waive any right to confidentiality and any right to pursue damages against the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and HMBC, each of their leadership, staff, and volunteers from and against any damage that may result from such references' responses or my Police Information Check results within the context of HMBC Ministry Activities.

Release of Information and Declaration of Intent

I acknowledge that, to the best of my understanding, the information contained in this Application for Adult Volunteer and Staff Screening is **true and correct**.

I understand that HMBC is responsible for the welfare of any person or persons entrusted to my care. I agree to **adhere to HMBC's Plan to Protect® Policy** and to cooperate fully with HMBC in the fulfillment of my duties.

I accept and agree to adhere to **The MB Confession of Faith**¹¹.

1. **God** - We believe in the one true God, the source of all life, who reigns over all things as Father, Son, and Holy Spirit and lovingly cares for all creation. God the Father planned the redemption of humanity and sent Jesus Christ the Son to be the Saviour of the world. Jesus proclaimed the reign of God, bringing good news to the poor and triumphing over sin through his obedient life, death, and resurrection. God the Holy Spirit empowers believers with new life, indwells them, and unites them in one body.
2. **Revelation of God** - We believe God has made himself known to all people. Beginning with creation and culminating in Jesus Christ, God has revealed himself in the Old and New Testaments. All Scripture is inspired by God and is the authoritative guide for faith and practice. We interpret Scripture in the church community as guided by the Holy Spirit.
3. **Creation and Humanity** - We believe God created the heavens and the earth, and they were good. Humans, God's crowning act, were created in the image of God. Sin has alienated humanity from the Creator and creation, but God offers redemption and reconciliation through Jesus Christ.
4. **Sin and Evil** - We believe sin is individual and corporate opposition to God's good purposes and leads to physical and spiritual death.
5. **Salvation** - We believe God saves all people who put their faith in Jesus Christ. Through his obedient life, sacrificial death, and victorious resurrection, Christ delivers people from the tyranny of sin and death and redeems them for eternal life in the age to come. All creation eagerly awaits its liberation from bondage into the freedom of the glory of God's children.
6. **Nature of the Church** - We believe the church is the covenant community called by God through Jesus Christ to live a life of discipleship and witness as empowered by the Holy Spirit. The local church gathers regularly for worship, fellowship, and accountability and to discern, develop, and exercise gifts for ministry.
7. **Mission of the Church** - We believe the mission of the church is to make disciples of all nations by calling people to repent, be baptized, and love God and neighbour by sharing the good news and performing acts of love and compassion.

¹¹ <http://www.mennonitebrethren.ca/resource/the-mb-confession-of-faith-detailed-edition/>

Highland Mennonite Brethren Church
Conduct Manual
Plan to Protect® Policy

- 8. Christian Baptism** - We believe baptism by water is a public sign that a person has repented of sin, received forgiveness, died with Christ, and been raised to new life through the power of the Holy Spirit. Baptism is also a public declaration of a believer's incorporation into the body of Christ as expressed in the local church.
- 9. Lord's Supper** - We believe that in obedience to Christ, the church observes the Lord's Supper as a remembrance of his atoning death and to celebrate forgiveness, new life, and the fellowship and unity of all believers.
- 10. Discipleship** - We believe Jesus calls people who have experienced the new birth to follow him in a costly life of service to God. The power of the Holy Spirit transforms believers from the unrighteous pattern of the present age into a life of joyful obedience with God's people.
- 11. Marriage, Singleness, and Family** - We believe that singleness and marriage are honoured by God and should be blessed by the church. God instituted marriage as a lifelong covenant between a man and a woman for the purposes of companionship, encouragement, sexual intimacy, and procreation. Children are gifts from God and should be nurtured by parents in the ways of God.
- 12. Society and State** - We believe that God instituted the state to promote justice and to maintain law and order. Christians' primary allegiance is to Christ's kingdom. Believers are called to witness against injustice, exercise social responsibility, and obey all laws that do not conflict with the Word of God.
- 13. Love and Nonresistance** - We believe that God in Christ reconciles people to himself and to one another, making peace through the cross. We seek to be agents of reconciliation, practice love of enemies, and express Christ's love by alleviating suffering, reducing strife, and promoting justice. Because violence and warfare are contrary to the gospel of Christ, we believe we are called to give alternative service in times of war.
- 14. The Sanctity of Human Life** - We believe that God is Creator and giver of life and highly values each person. Procedures designed to take human life are wrong. We oppose all attitudes that devalue human life, especially the defenceless lives of the unborn, disabled, poor, aging, and dying.
- 15. Stewardship** - We believe the universe and everything in it belong to God the Creator and that we have been entrusted by God to manage its resources. All God's gifts, including money, time, abilities, and influence, are to be received with thanksgiving, used responsibly, and shared generously.
- 16. The Lord's Day, Work, and Rest** - We believe God's act of creation provides the model for work and rest. In work, we use our abilities to glorify God and serve others. In rest, we express thanks for God's provision and trust in God's sustaining grace. In worship, we gather to commemorate the resurrection through worship, instruction, fellowship, and service.
- 17. Christianity and Other Faiths** - We believe God's atoning work in Jesus is the only means of reconciling people with God. God has not left any without a witness to the Creator's goodness and power. Christians treat people of other faiths with respect but urgently proclaim Christ as the only way of salvation.
- 18. Christ's Final Triumph** - We believe that the Lord Jesus Christ will return triumphantly at the end of this age to destroy all evil powers, condemn all who have rejected Christ to eternal punishment, and unite believers with Christ to reign forever with God in glory.

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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<p>I support the mission, core values, and vision of HMBC to follow Jesus Christ and help others know, love, and serve Him by being worshipful, humble, biblical, relational, sacrificial, invitational, transformational, and influential until our neighbours and their neighbours are in a growing relationship with Jesus Christ.</p>		
<p>I understand that if my character or morals are deemed by HMBC to be inappropriate and/or criminal at any time during my volunteer service, HMBC will be entitled to terminate my assistance without express cause or prior notice regardless of any other oral or written statement by HMBC prior to, at, or following the date of volunteer service.</p>		
<p>If at any time I find that for any reason I am unable to support the policies, procedures or doctrine of HMBC, I will gracefully and quietly resign my volunteer position. If HMBC finds that I am in conflict with any of the policies, procedures or doctrines and we are not able to resolve the issue, I will gracefully and quietly agree to resign my volunteer position.</p>		
<p>Signature, in the presence of a witness who is not your spouse or partner.</p>		
Signature of Applicant	Printed Name of Applicant	Date
<p>Witness Signature</p>		
Signature of Witness	Printed Name of Witness	Date
<p>Purposes and Extent</p>		
<p><i>HMBC collects and retains this information for the purposes of volunteer screening and ministry placement. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your information, please contact HMBC.</i></p>		

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 3 – COMMUNITY VOLUNTEER SCREENING APPLICATION

As part of the *Plan to Protect® Policy* at Highland Mennonite Brethren Church (“HMBC”), community members interested in volunteering with or on behalf of HMBC in programs geared for Vulnerable Persons shall complete an *Community Volunteer Screening Application* and submit it to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Applicant Information		
Applicant’s Full Name:	Birthdate:	
E-mail Address:	Cell Phone #:	
Address:	Home Phone #:	
City:	Province:	Postal Code:
HMBC program in which I am interested in volunteering:		
Name(s) of my Child(ren) enrolled in an HMBC program, if applicable:		
Training and Experience		
List any skills, training, education, experience, first aid, or other qualifications that have prepared you to volunteer in programs geared for Vulnerable Persons:		
References - Provide the names of two people, excluding relatives, who could provide a reference for you.		
Name of Reference 1:	Nature of Relationship:	
E-mail:	Phone #:	
Address:	Postal Code:	
Name of Reference 2:	Nature of Relationship:	
E-mail:	Phone #:	
Address:	Postal Code:	
Health or Medical Conditions		
Do you have any health concerns which could impact your ability to perform the functions of the volunteer position for which you are applying? (Please note such health concerns may not prevent you from holding that position.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any contagious diseases or conditions of which HMBC should be aware, and for which HMBC may need to take steps to protect against transmission, should you volunteer with or on behalf of HMBC?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered “yes” to any of the above, please explain:		

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Information Specific To Working With Vulnerable Persons	
Are there any areas in your life or background that would call into question your ability to work with Vulnerable Persons? (e.g. use of illegal substances, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been expelled from or terminated by any organization or employer for assault, violence or impropriety against a Vulnerable Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been investigated by Child Protective Services or any other organization for suspected Child Abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a defendant or respondent in a civil lawsuit or human rights complaint or other legal proceeding in which you were alleged to have abused or engaged in violence, harassment or other immoral or illegal behaviour or conduct involving a Vulnerable Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes", please explain:	
Have you ever been convicted or found guilty of a criminal offense for which a pardon has not been granted (excluding minor traffic violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "yes", list offence(s) and the date(s) of conviction:	
Release of Information and Declaration of Intent	
I acknowledge that, to the best of my understanding, the information contained in this <i>Community Volunteer Screening Application</i> is true and correct .	
I understand that HMBC is responsible for the welfare of any person or persons entrusted to my care while volunteering with or on behalf of HMBC. I agree to adhere to HMBC's Plan to Protect® Policy and to cooperate fully with HMBC in the fulfillment of my duties.	
If at any time I find that for any reason I am unable to support the policies or procedures of HMBC , I will gracefully and quietly resign my volunteer position. If HMBC finds that I am in conflict with any of the policies or procedures and we are not able to resolve the issue, I will gracefully and quietly resign my volunteer position.	
I understand that I will fulfil my role under the direct supervision of HMBC's Screened Adult Volunteers and Staff . I will participate in the pre-program meeting and post-program debriefs with the Ministry Team.	
Although I may not necessarily share HMBC's beliefs, I realize and accept that I am volunteering in a program that teaches character qualities and precepts from a Biblical point of view, even if Biblical terminology and references are not used. I will refer questions about values or faith to Screened Adult Volunteers and Staff .	
I understand that if my behaviour is deemed by HMBC to be inappropriate and/or criminal at any time during my volunteer service, HMBC will be entitled to terminate my assistance without express cause or prior notice regardless of any other oral or written statement by HMBC prior to, at, or following the date of volunteer service. I will immediately notify the Ministry Team Leader to whom I am accountable of any new criminal charges brought against me.	

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Liability Release

I authorize Highland Mennonite Brethren Church ("HMBC") to contact some or all of the persons named above as references and to access the results of my Police Information Check for the purpose of ascertaining my suitability for volunteer ministry with or on behalf of HMBC. I undertake and agree to indemnify and hold harmless any such references from and against any damage that may result from furnishing such evaluations to HMBC. I waive any right to confidentiality and any right to pursue damages against the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and HMBC, each of their leadership, staff, and volunteers from and against any damage that may result from such references' responses or my Police Information Check results within the context of HMBC Ministry Activities.

Confidentiality Agreement

I understand that I will obtain or have access to **sensitive and confidential information** in my role as Community Volunteer with or on behalf of HMBC. That confidential information may include, without restriction, personal information regarding staff, volunteers, members, attendees, supporters or persons assisted by HMBC, including information in relation to personal or family matters.

I agree to **maintain strict confidentiality** of all such confidential information and I will not disclose such information to anyone (including to staff, volunteers, members, adherents, supporters, persons assisted, or my spouse or family members) except authorized representatives of HMBC who need to know such information or as required by law.

I understand and agree that confidentiality is very important in my role and critical to the effective functioning of HMBC. If I become aware that any **confidential information was improperly disclosed**, I will immediately advise the Privacy Officer (Administrative Assistant) of HMBC.

Signature, in the presence of a witness who is not your spouse or partner.

Signature of Applicant	Printed Name of Applicant	Date
-------------------------------	----------------------------------	------

Witness Signature

Signature of Witness	Printed Name of Witness	Date
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For Office Use Only

Date of <i>Interview</i> with HMBC representative	
Date of clear and current <i>Police Information Check</i>	
Date of annual <i>Plan to Protect®</i> Orientation or Refresher	

Purposes and Extent

HMBC collects and retains this information for the purposes of volunteer screening and ministry placement. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your information, please contact HMBC.

***This Community Volunteer Screening Application is valid
from the date of the signature until August 31 each year.***

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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APPENDIX 4 – REFERENCE CHECK FOR VOLUNTEER AND STAFF SCREENING

As part of the *Plan to Protect® Policy* at Highland Mennonite Brethren Church (“HMBC”), a *Reference Check for Volunteer and Staff Screening* of Volunteers and Staff, age 16 and up, who work with Vulnerable Persons shall be completed by, or in conversation with some or all references named in **APPENDIX 1 – JUNIOR VOLUNTEER SCREENING APPLICATION** or **APPENDIX 2 – ADULT VOLUNTEER AND STAFF SCREENING APPLICATION** and be submitted to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Applicant	
_____ (insert Name of Applicant)	
has submitted an application to serve with or on behalf of HMBC in ministry to:	
<input type="checkbox"/> Children – age 0-10, <input type="checkbox"/> Youth – age 11-17, <input type="checkbox"/> Vulnerable Adults , age 18 and up and - because of their age, a disability or other circumstances, whether temporary or permanent - is in a position of dependence on others or is otherwise at a greater risk than the general population of being harmed by a person or persons in Positions of Trust or authority relative to him/her, and/or <input type="checkbox"/> Other: _____ ;	
and has indicated that you might be willing to submit a CONFIDENTIAL reference for them. As part of our commitment to our <i>Plan to Protect® Policy</i> , we conduct reference checks on Volunteers and Staff, especially those who work with Vulnerable Persons with or on behalf of HMBC.	
Reference	
Reference Name:	Cell Phone #:
E-mail:	Home Phone #:
Address:	Postal Code:
How long have you known the Applicant?	
Describe your relationship with the Applicant:	
What do you see as the Applicant’s greatest strengths?	
What might you see as the Applicant’s potential weaknesses?	

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

How would you rate the Applicant in the following areas? Please respond, using this scale: 1–low, 2–below average, 3–average, 4–very good, and 5–excellent.	1	2	3	4	5
Level of spiritual maturity					
Ability to work with other volunteers					
Ability to follow through on commitments					
Additional Questions specific to working with Vulnerable Persons					
How would you rate the Applicant in the following areas? Please respond, using this scale: 1–low, 2–below average, 3–average, 4–very good, and 5–excellent.	1	2	3	4	5
Ability to relate to Children					
Ability to relate to Youth					
Ability to relate to Vulnerable Adults					
Do you have any concerns regarding the Applicant working with Vulnerable Persons? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, explain:					
Would you entrust the care of your Child, Youth or Vulnerable Adults to the Applicant without any concern, reservation or hesitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If “no”, explain:					
Liability Release					
<i>The Volunteer or Staff named above has authorized Highland Mennonite Brethren Church (“HMBC”) to contact some or all of the persons named as references on their application for the purpose of ascertaining their suitability for volunteer ministry with or on behalf of HMBC. They undertake and agree to indemnify and hold harmless any such references from and against any damage that may result from furnishing such evaluations to HMBC. They waive any right to confidentiality and any right to pursue damages against the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and HMBC, each of their leadership, staff, and volunteers from and against any damage that may result from such references’ responses within the context of HMBC Ministry Activities.</i>					
Signatures					
Signature of Reference	Printed Name of Reference	Date			
Signature of Ministry Team Leader or Designated Screening Personnel	Printed Name of Ministry Team Leader or Designated Screening Personnel	Date			
Purposes and Extent					
HMBC collects and retains this information for the purposes of volunteer screening and ministry placement. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC’s CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your information, please contact HMBC.					

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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APPENDIX 5 – INTERVIEW QUESTIONNAIRE FOR VOLUNTEER AND STAFF SCREENING

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church (“HMBC”), an interview shall be held with all Volunteers and Staff who have applied to serve with or on behalf of HMBC in ministry to Vulnerable Persons. This questionnaire is to be used as a tool to guide the conversation and record the gist of the interview, rather than as a document to be strictly completed. The interviewer shall take into consideration the age and spiritual maturity of the applicant and adjust the questions accordingly. A written record of the interview shall be submitted to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Interview Details	
Date of interview:	<input type="checkbox"/> By Phone <input type="checkbox"/> In Person
Name of applicant:	<input type="checkbox"/> Junior (11-17) <input type="checkbox"/> Adult
Name of interviewer:	Role at HMBC:
Name of additional interviewer:	Role at HMBC:
Applicant Questions	
In which of HMBC’s ministries are you most interested in serving? (check all that apply)	
<input type="checkbox"/> Nursery	<input type="checkbox"/> KidQuest
<input type="checkbox"/> Jumpstart	<input type="checkbox"/> Youth
<input type="checkbox"/> Head Usher	<input type="checkbox"/> Congregational Care
<input type="checkbox"/> Highland Impact Puppets	
<input type="checkbox"/> Leadership Team	
<input type="checkbox"/> Other _____	
Which part of this ministry excites you the most?	
What are the strengths you bring to serving in this ministry?	
What are the potential weaknesses you bring to serving in this ministry?	
Church Questions	
List any parts of the MB Confession of Faith that you’d like to discuss further:	
Tell me a bit about your past experience with serving in HMBC ministries:	
How could your Ministry Team Leaders help you flourish in serving in HMBC ministries?	

**Highland Mennonite Brethren Church
Conduct Manual
Plan to Protect® Policy**

Questions specific to working with Vulnerable Persons (Children, Youth, Vulnerable Adults)

Why do you want to work with Vulnerable Persons with or on behalf of HMBC?

Tell me about your past experience in working with Vulnerable Persons:

Tell me about any hesitation you feel about working with Vulnerable Persons:

Spiritual Questions

What are you currently doing (within the past month) to foster your relationship with God?

How do you see yourself following Jesus' mandate to "go and make disciples" (Mt28:19)?

To the best of your knowledge, what are your spiritual gifts?

Personal Conduct Questions

What are you doing to actively pursue a life of holiness and flee temptation?

List any area of your life that might prevent you from full commitment to serving with or on behalf of HMBC:

How well do the references you provided on your application know you (on a scale of 1-5, with 5 being the best possible)?

- Reference 1 _____: 1 2 3 4 5
- Reference 2 _____: 1 2 3 4 5
- Reference 3 _____: 1 2 3 4 5

Liability Release

The Volunteer or Staff named above has authorized Highland Mennonite Brethren Church ("HMBC") to interview them for the purpose of ascertaining their suitability for volunteer ministry with or on behalf of HMBC. They undertake and agree to indemnify and hold harmless any such interviewer from and against any damage that may result from furnishing the interview evaluations to HMBC. They waive any right to confidentiality and any right to pursue damages against the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and HMBC, each of their leadership, staff, and volunteers from and against any damage that may result from such interview evaluations within the context of HMBC Ministry Activities.

**Highland Mennonite Brethren Church
Conduct Manual
Plan to Protect® Policy**

Interviewer's Notes

List additional details, questions, concerns, and follow-up steps:

Purposes and Extent

HMBC collects and retains this information for the purposes of volunteer screening and ministry placement. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information shall be accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If Volunteers and Staff wish to limit the information collected, or to view their information, they may contact HMBC.

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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APPENDIX 6 – POLICE INFORMATION CHECK INSTRUCTIONS

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church (“HMBC”), Screened Volunteers and Staff, age 16 and up, who work with Vulnerable Persons shall periodically obtain a Police Information Check (“PIC”) for screening purposes. A PIC is also referred to as a Criminal Information Check, Criminal Record Check, or Security Clearance. The results of the PIC shall be submitted to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Documentation Required

- A PIC application and/or consent form provided by the police service;
- Two pieces of valid government-issued identification of which one must have a photo, and
- An original signed Police Information Check Request Letter from HMBC.

Sample PIC Request Letter

Calgary Police Service or R.C.M.P. Detachment _____ (Date)
Police Information Check Unit
Calgary and area

To Whom It May Concern:

This is to confirm that **[Volunteer]** volunteers at Highland Mennonite Brethren Church in programs involving vulnerable persons, including children, youth and vulnerable adults. As part of Highland Mennonite Brethren Church’s Plan to Protect® Policy, each volunteer is asked to obtain a Police Information Check, along with Vulnerable Sector Search. If the volunteer needs to process the Police Information Check through their local RCMP detachment instead of the Calgary Police Service, they are asked to complete a Criminal Records Check, along with a Vulnerable Sector Check. We thank you for your assistance in this matter.

Sincerely, _____ (Designated Screening Personnel)

Fees & Reimbursement

If a fee is paid to obtain a PIC, HMBC will reimburse this fee at the discretion of Designated Screening Personnel, if a Volunteer or Staff submits the receipt. There may be no charge for the PIC obtained through an RCMP detachment if you are a volunteer, although there might be municipal by-laws that authorize a processing fee.

Applying On-line via CPS ePIC System¹²

To apply on-line you must have resided in Canada for greater than 1 year and be age 18 and up.

ePIC uses Equifax eIDVerifier to validate your identity. You will be asked to respond to a variety of multiple choice questions. You may need to know details of your credit history such as loan or financing arrangements, credit card applications, etc. If your identity is not successfully verified you will not be able to proceed and may retry in 72 hours or attend in person at a CPS location.

Create an on-line account. Each applicant needs their own unique e-mail address and personal account; you cannot share your account. Save your password for future access.

¹² <https://policeinformationcheck.calgarypolice.ca/>

<http://www.calgary.ca/cps/Documents/police-information-checks/Applicant%20Instruction%20Manual.pdf>

<https://www.youtube.com/watch?v=4J1nNDRbt9Y&feature=youtu.be>

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Input this information when prompted:

- HMBC's Agency Account name is "Highland Mennonite Brethren Church".
- Unless you are a paid staff member of HMBC, apply as a "volunteer".
- Request a Vulnerable Sector Record Search.
- Upload a .pdf of the signed HMBC *Police Information Check Request Letter*.
- Upload a separate .pdf or .jpg of two valid pieces of government identification ("ID"). The photo (if applicable), name, and date of birth must be clearly visible. You may scan the ID documents yourself or submit them to the HMBC office to scan and e-mail to you. Digital photos of ID documents are also acceptable.
- Provide your Social Insurance Number ("SIN").

Where to Apply in Person¹³

See <http://www.calgary.ca/cps/Pages/Public-services/Police-information-checks-locations.aspx> or ask the HMBC office to assist you in locating the closest Police Information Check service.

If you live outside Calgary city limits, two options are given on the CPS website; however, you will likely be required to access an approved police service in the area where you reside.

Applying in Person at a Calgary Police Service ("CPS")

Bring the documentation listed above. The following pieces of identification are acceptable:

- As the primary piece of identification: Driver's License; Alberta Photo Identification Card (issued through Registry Agent Offices); Passport; Permanent Resident Card; Firearms License; Refugee Protection Claimant Certified Document Nexus Card; Secure Certificate of Indian Status Card (federally issued); or Aviation Document Booklet.
- As the secondary piece of identification: Provincial Healthcare Card; Birth Certificate; Marriage Certificate; Valid Immigration Papers; Citizenship Card; or Citizenship Certificate.

Complete an application form (*Police Information Check/Consent to Search and Disclosure of Personal Information*) provided by CPS personnel. A CPS PIC disclosure will include Canada-wide criminal record history, Vulnerable Sector Search (if required) and police history; this includes local police information and Alberta Provincial court records. Results will be mailed to you on a police service certificate or letter.

Information is accessed through the Canadian Police Information Centre data system as well as local police database background searches based on name, gender, and date of birth. Should your gender and date of birth match a pardoned sex offender record, you may be asked to provide fingerprints to confirm your identify. This is not an accusation of criminality and your fingerprints will not be retained once the PIC is complete.

Make an appointment to complete this step at the CPS Westwinds Campus by phoning 311. PIC applicants fingerprinted for a Vulnerable Sector Search with a negative result to a pardoned sex offender file will not be required to re-submit fingerprints for 4 years. The negative result will stay on file (but not the fingerprints) for 4 years unless an applicant's criminal history changes.

¹³ <http://www.calgary.ca/cps/Pages/Public-services/Police-information-checks.aspx>

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Applying in Person at a Royal Canadian Mounted Police (“RCMP”)¹⁴ Detachment

If you live outside Calgary city limits, even if you have a Calgary mailing address, apply for your PIC in person at the closest RCMP detachment (please check location and hours), such as:

- Airdrie – 403-945-7200 - <http://www.airdrie.ca/index.cfm?serviceID=842>
- Chestermere – 403-204-8777 - <http://www.chestermere.ca/index.aspx?NID=202>
- Cochrane – 403-851-8000 - <http://www.cochrane.ca/151/Cochrane-RCMP>
- Strathmore – 403-934-3968 - <http://www.rcmp-grc.gc.ca/detach/en/d/481>

or <https://strathmore.ca/residents/communityservices/RCMPvictimservices>

Bring the documentation listed above and your rural address. Complete a *Consent for the Release of Police Information* provided by RCMP personnel and request a Criminal Record Check with Vulnerable Sector Check (if required). Fingerprints may be required if a name-based verification is inconclusive or for certified verifications. may be able to sign a document when applying for your PIC authorizing someone else to pick up results on your behalf.

Submission of Results

- If you **applied on-line** - once you have received an e-mail notification and reviewed the result - choose “Share Results” with “Highland Mennonite Brethren Church.” (You may also share with other registered agencies who accept shared results for up to 1 year.) ePIC results are available for 1 year on your personal account, after which all personal information and uploaded documents are purged from the system.
- If you **applied in person**, submit the original document showing PIC results to HMBC. If you wish to keep the original document, a verified copy will be made for HMBC purposes.
- If you have **had a PIC done for another volunteer organization in Alberta**, you may submit it to HMBC, as long as it is the original document or it is shared with HMBC via ePIC.

For HMBC purposes, the PIC is considered “valid” for three years from the date issued. However, it is a point-in-time search and can only be considered current on the day it was issued.

Liability Release

The Volunteer or Staff applying for a Police Information Check has authorized Highland Mennonite Brethren Church (“HMBC”) to evaluate the results of their Police Information Check for the purpose of ascertaining their suitability for volunteer ministry with or on behalf of HMBC. They undertake and agree to indemnify and hold harmless HMBC from and against any damage that may result from evaluating such Police Information Check results. They waive any right to confidentiality and any right to pursue damages against the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and HMBC, each of their leadership, staff, and volunteers from and against any damage that may result from evaluating such Police Information Check results within the context of HMBC Ministry Activities.

Purposes and Extent

HMBC collects and retains Police Information Checks for the purposes of Volunteer and Staff screening and ministry placement. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC’s CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your information, please contact HMBC.

¹⁴ <http://www.rcmp-grc.gc.ca/en/criminal-record-and-vulnerable-sector-checks>

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 7 – PLAN TO PROTECT® ON-LINE TRAINING INSTRUCTIONS

As part of the *Plan to Protect®* (“PtP®”) Policy at Highland Mennonite Brethren Church (“HMBC”), Screened Volunteers and Staff, age 11 and up, who are placed in a Position of Trust with or on behalf of HMBC shall be trained in PtP® procedures for screening purposes. **Orientation** training (initial extensive training) shall be completed before being placed in a Position of Trust with Vulnerable Persons with or on behalf of HMBC; and **Annual Refresher** training - for those who have previously completed Orientation training - shall be completed within 3 months of recruitment or a new ministry year (i.e. September). Although it is preferred (both for financial and team-building purposes) that HMBC Screened Volunteers and Staff participate in the annual PtP® Orientation or Refresher training provided by a certified trainer in-house, under extenuating circumstances, alternate options include:

- individual (or group) participation in an **on-line live webinar**; or
- completion of an individual **on-line self-paced course**.

Instructions for registration and completion of this training with the PtP® agency are set out below. Proof of completion of the training shall be the submission of the downloadable e-Certificate to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Additional Costs

If a Volunteer or Staff was unable to attend the annual in-house PtP® training, additional costs are incurred for the on-line training. Orientation training: \$30+tax; Refresher training: \$25+tax. A **10% discount** (due to our Canadian Conference of Mennonite Brethren Churches denominational membership with the PtP® agency) is available. **A registrant who fails to attend their chosen live webinar or to complete their chosen on-line self-paced course before its expiration must re-register and personally pay for the additional registration.**

Registration

Before personally registering for on-line training, Volunteers and Staff are asked to check with HMBC’s PtP® Screening Administrator or the church office whether an on-line-training bundle was purchased and is accessible to them. If so, Screened Volunteers and Staff will be registered by HMBC. **If HMBC did not purchase a PtP® on-line training bundle, Volunteers and Staff are required to personally register and pay for their on-line training.** A credit card is required for payment. Reimbursement is at the discretion of HMBC’s Designated Screening Personnel.

Live Webinars

A live PtP® webinar is an option for individual or group participation. (HMBC will not generally coordinate an in-house group webinar, although a group of Volunteers and Staff may choose to plan their own.) View the schedule of these monthly live webinars at: <http://www.plantoprotect.com/en/training/orientation-and-refresher/>. Options include a 2-hour **Orientation** or a 1-hour **Refresher**.

If registered by HMBC...

HMBC’s PtP® Screening Administrator or the church office will:

- confirm the Volunteer or Staff’s e-mail address and webinar requirement;
- register the Volunteer or Staff on behalf of “*Highland Mennonite Brethren Church*” (PtP® training bundle coupon code applies, but does not need to be entered);
- notify the Volunteer or Staff of the registration on their behalf; and
- provide access information to the webinar.

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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If registering personally, Volunteers and Staff must...
<ul style="list-style-type: none"> • choose one of the following: <ul style="list-style-type: none"> ○ Orientation - https://register.gotowebinar.com/rt/5675405610524225025; ○ Refresher training - https://register.gotowebinar.com/rt/9192428847454198785. <p>Use the arrow to select the preferred time and date. Set Time Zone to “Mountain Time”. Enter Job Title – “Volunteer” (unless in a paid position) Enter Organization & Who may we thank for referring you? – “Highland M.B. Church”</p> <p>After submitting the Registration, registrants will be contacted by phone by the PtP® agency to complete payment via credit card. The 10% M.B. discount should be requested at that time. A Paid Invoice will be e-mailed once payment is processed.</p>
On-line Self-paced Courses
<p>The Orientation course contains 12 modules which average 20 minutes each; suggested completion time is about 4 hours. The Refresher course contains 7 modules; suggested completion time is about 2:40 hours. (Please note that you may adjust the video speed setting on the bottom right-hand corner of the video and may want to increase it.) After each module, the registrant will be directed to the testing component of the training. This will include a short case study and quiz questions. The quiz needs to be completed with a score of at least 80% prior to moving on to the next module.</p>
If registered by HMBC...
<p>HMBC’s PtP® Screening Administrator or the church office will:</p> <ul style="list-style-type: none"> • confirm the Volunteer or Staff’s e-mail address and course requirement; • register the Volunteer or Staff under “<i>Highland Mennonite Brethren Church</i>” using the training bundle coupon code provided by the PtP® agency; • notify the Volunteer or Staff of the registration on their behalf; and • provide a link to access the training. <p>The PtP® agency will e-mail the access link to the registrant with the confirmed Order # and a request to create a password upon activation of their account.</p>
If registering personally, Volunteers and Staff must...
<ul style="list-style-type: none"> • add the applicable course to their on-line shopping cart as follows: • Orientation (0-18 and Vulnerable Adults) <ul style="list-style-type: none"> 1. https://plantoprotectschool.com/collections/orientation/products/plan-to-protect-orientation-0-18-and-vulnerable-adults • Refresher (0-18 and Vulnerable Adults) – <ul style="list-style-type: none"> 3. https://plantoprotectschool.com/collections/refresher/products/copy-of-plan-to-protect-refresher-0-18-and-vulnerable-adults <p>Click “Add to Cart”. Verify quantity. Press “Check Out”. On the “Check Out” page, enter customer information. Name of Organization is “<i>Highland Mennonite Brethren Church</i>”. Enter “<i>highlandmb10%</i>” in the “Discount” box and press “Apply”. Click “Continue to payment method”. Enter credit card information and “Complete order”.</p> <p>The PtP® agency will e-mail the access link to the registrant with a request to create a password to activate their account.</p>

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Upon activation...

- All new on-line training registrants have 30 days to complete the course.
 - Existing registrants have 30 days from the time a new course is added to their profile.
- The PtP® agency will send reminders as follows: 15-days; 25-days; when almost expired, and expiration at 30 days. HMBC does not receive these notifications. **An e-mail address can only be registered for one person at a time. If two people share the same e-mail address, they will have to be registered for the training at separate times.**

Additional Support

Contact the PtP® agency at on-linetraining@plantoprotect.com or 1-877-455-3555.

Liability Release

The Volunteer or Staff submitting a PtP® training e-Certificate has authorized Highland Mennonite Brethren Church ("HMBC") to evaluate the results of their e-Certificate for the purpose of ascertaining their suitability for volunteer ministry with or on behalf of HMBC. They undertake and agree to indemnify and hold harmless HMBC from and against any damage that may result from evaluating such e-Certificate results. They waive any right to confidentiality and any right to pursue damages against the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and HMBC, each of their leadership, staff, and volunteers from and against any damage that may result from evaluating such e-Certificate results within the context of HMBC Ministry Activities.

Purposes and Extent

HMBC collects and retains PtP® training e-Certificates for the purposes of Volunteer and Staff screening and ministry placement. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your information, please contact HMBC.

**Highland Mennonite Brethren Church
Conduct Manual
Plan to Protect® Policy**

Additional Comments or Required Follow-up Steps (if any)

Approval

I, the Lead Pastor or another member of the Executive, have carefully reviewed the screening documents within the Permanent Record of the Volunteer or Staff named above, and give this approval for them to begin or continue serving in ministry at HMBC. This approval is given with the understanding that if the Volunteer or Staff named above is in breach of their Declaration of Intent, HMBC will be entitled to terminate their assistance without express cause or prior notice regardless of any other oral or written statement by HMBC prior to, at, or following the date of volunteer service.

Signature

Approval for Junior Volunteer (age 11 to 15)

Signature of Lead Pastor/Executive	Printed Name of Lead Pastor/Executive	Date
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Approval for Junior Volunteer (age 16 and 17)

Signature of Lead Pastor/Executive	Printed Name of Lead Pastor/Executive	Date
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Approval for Adult Volunteers and Staff (age 18 and up)

Signature of Lead Pastor/Executive	Printed Name of Lead Pastor/Executive	Date
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Purposes and Extent

HMBC collects and retains this information for the purposes of screening its Volunteers and Staff. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your information, please contact HMBC.

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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APPENDIX 9 - COVENANT OF CARE

As part of the *Plan to Protect® Policy* at Highland Mennonite Brethren Church (“HMBC”), a *Covenant of Care* shall be signed annually by Screened Volunteers and Staff who are being placed in a Position of Trust with or on behalf of HMBC. The completed document shall be submitted to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Ministry Commitment		
I commit to servicing in the following HMBC ministry (please check all that apply):		
<input type="checkbox"/> Nursery	<input type="checkbox"/> KidQuest	<input type="checkbox"/> Jumpstart
<input type="checkbox"/> Youth	<input type="checkbox"/> Highland Impact Puppets	<input type="checkbox"/> Congregational Care
<input type="checkbox"/> Head Usher	<input type="checkbox"/> Leadership Team	<input type="checkbox"/> _____
for the current ministry year, or as stated here: _____ (specify)		
Acknowledgement		
I acknowledge the paramount importance of safeguarding, in all respects and at all times, all of those to whom I minister, especially Children, Youth, and Vulnerable Adults by:		
<ul style="list-style-type: none"> • Being trained in and complying with HMBC policies and procedures; • Respecting confidentiality and privacy, unless a Vulnerable Person is in danger, in which case I will notify police services or appropriate protection agencies. • Notifying my Ministry Team Leader if there is any area in my life which might inhibit me from continuing to serve in my ministry role with Vulnerable Persons. 		
Medical Training Status		
I have the following medical training and agree to my name being listed on APPENDIX 11 – LIST OF FIRST AID RESPONDERS AT HMBC:		
<input type="checkbox"/> None	<input type="checkbox"/> Standard First Aid	My certification expires on:
<input type="checkbox"/> CPR/AED Level ____	<input type="checkbox"/> Health Care Provider	_____ (YYYY/MM/DD)
<input type="checkbox"/> Emergency First Aid	<input type="checkbox"/> Other _____	
Liability Release		
<i>I authorize Highland Mennonite Brethren Church (“HMBC”) to list my name as a First Aid Responder at HMBC. I undertake and agree to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage, or injury that may result from any First Aid administration I may render within the context of HMBC Ministry Activities.</i>		
Signature		
Signature of Volunteer/Staff	Printed Name of Volunteer/Staff	Date
Purposes and Extent		
<i>HMBC collects and retains this information for the purposes of having a written record of its Screened Volunteers and Staff’s annual commitment to their role and HMBC leadership, as well as a current record of their medical training. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC’s CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your information, please contact HMBC.</i>		

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 10 - ANNUAL REGISTRATION AND RELEASE FORM

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church (“HMBC”), a Parent or Caregiver shall complete an Annual Registration and Release Form (“ARRF”) for each Child/Youth under the age of 18 or Vulnerable Adult participating in an HMBC-sponsored Ministry Activity and submit it to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Child, Youth, or Vulnerable Adult Information			
Last Name:	First and Middle Names:	Other Name(s)/Nickname(s):	
Birthdate (m/d/yyyy):		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Street/Mailing Address:		Home Phone #:	Cell Phone #:
City:	Province:	Postal Code:	E-mail Address:
For Minors only			
Age and/or Grade:		School:	
Emergency Contact (please include proper custody agreement authorizations)			
Parent or Caregiver:	Cell Phone #:	E-mail Address:	
Additional Parent or Caregiver:	Cell Phone #:	E-mail Address:	
Additional Emergency Contact:	Cell Phone #:	Relationship:	
Health (to assist HMBC Staff and Volunteers in obtaining medical aid in emergencies)			
Family Doctor/Pediatrician:		Phone #:	
Health Insurance: (HMBC’s insurance is secondary insurance only. Your medical insurance carrier will be billed for medical charges in case of illness or injury while your Child, Youth, or Vulnerable Adult is participating in HMBC-sponsored Ministry Activities.) Alberta Personal Health Care #: _____ Additional Carrier/Policy #: _____			
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, please list details: 			
Health Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, please list any physical, emotional, mental, behavioural concerns or limitations that HMBC Volunteers and Staff should be aware of: 			
Is your Child, Youth, or Vulnerable Adult bringing any medication with him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If “yes”, please complete APPENDIX 12 - MEDICATION ADMINISTRATION CONSENT.			

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Liability Release		
<i>I undertake and agree to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage or injury suffered by my Child, Youth, or Vulnerable Adult while participating in HMBC-sponsored Ministry Activities, and as a result of any medical treatment authorized by the persons supervising my Child, Youth, or Vulnerable Adult within the context of HMBC Ministry Activities.</i>		
Additional Releases		
Medical Release – I authorize screened HMBC staff or volunteers to sign a consent for medical treatment and for any physician or hospital to provide medical assessment, treatment or procedures for my Child, Youth, or Vulnerable Adult while participating in HMBC-sponsored Ministry Activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation Release – I authorize screened HMBC staff or volunteers to transport my Child, Youth, or Vulnerable Adult by bus, van, or personal vehicle while participating in HMBC-sponsored Ministry Activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communication Release – I authorize screened HMBC staff or volunteers to communicate with my Child, Youth, or Vulnerable Adult in any or all of the following ways: <input type="checkbox"/> Phone (home/work/cell) <input type="checkbox"/> Social Media Networks <input type="checkbox"/> E-mail <input type="checkbox"/> Text messages		
Photo Release – I grant permission for the reasonable use of the likeness of my Child, Youth, or Vulnerable Adult in any or all of the following ways: <input type="checkbox"/> Brochures/Promotional materials <input type="checkbox"/> Church Building <input type="checkbox"/> Newsletters <input type="checkbox"/> Videos <input type="checkbox"/> Website No likeness will be tagged or labelled with the name of the Child, Youth, or Vulnerable Adult.		
Drop-off/Pick-up Release (only for Grade 2 and under) – I authorize the following person(s) to drop off/pick up my Child for HMBC-sponsored Ministry Activities:		
Name(s):	Cell Phone #:	Relationship to Child:
Signature		
Signature of Parent/Caregiver	Printed Name of Parent/Caregiver	Date
Purposes and Extent		
<i>HMBC collects and retains this information for the purposes of enrolling your Child, Youth, or Vulnerable Adult in our programs, to assign them to the appropriate group, to develop and nurture an ongoing relationship, and to inform you of HMBC-sponsored Ministry Activities. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your Child, Youth, or Vulnerable Adult's information, please contact HMBC. A temporary copy of this document is maintained in the care of the Ministry Team Leader on off-site HMBC-sponsored Ministry Activities.</i>		
This ARRF is valid from date of signature until August 31, 2020 (unless otherwise stated). A separate <i>Letter of Informed Consent</i> shall be provided by HMBC and APPENDIX 14 - INFORMED CONSENT shall be submitted by a Parent or Caregiver for HMBC-sponsored Ministry Activities of elevated risk.		

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 11 – LIST OF FIRST AID RESPONDERS AT HMBC

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church (“HMBC”), this list shall be updated annually with the names of persons who attend HMBC and have medical training (e.g., Basic Life Support; Standard First Aid; Emergency First Aid; CPR/AED Level A-Adults, Level B-Children, Level C-Inclusive, HCP-Health Care Professional). This information shall be obtained with permission from **APPENDIX 1 – JUNIOR VOLUNTEER SCREENING APPLICATION, APPENDIX 2 – ADULT VOLUNTEER AND STAFF SCREENING APPLICATION, APPENDIX 9 - COVENANT OF CARE, or directly**. This list shall be maintained by Designated Screening Personnel or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

This List of First Aid Responders is available in each first aid kit and in ministry team binders.

Name	Medical Training	Expiration Date
Doble, Ruth	Standard First Aid & CPR/AED Level C	2021.02.02
Dueck, Pauline	Basic Life Support & CPR/AED Level HCP	recertified annually
Hoffman, Richard	Standard First Aid & CPR/AED Level C	2022.04.22
Ingabire, Esperance	Standard First Aid & CPR/AED Level C	2020.07.13
Peddie, Genny	Basic Life Support & CPR/AED Level HCP	recertified annually
Sandercock, Michael	Emergency First Aid & CPR/AED Level C	2020.10.23
von Kampen, Peter	Standard First Aid & CPR/AED Level C	2021.01.30
Yue, Jayrin	Emergency First Aid & CPR/AED Level C	2020.03.30

Liability Release

The Volunteers and Staff named above have authorized Highland Mennonite Brethren Church (“HMBC”) to list their name as a First Aid Responder at HMBC. They undertake and agree to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage, or injury that may result from any First Aid administration they may render within the context of HMBC Ministry Activities.

Purposes and Extent

HMBC collects and retains this information for the purposes of having a written record of any medical training of its Volunteers and Staff. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC’s CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If anyone wishes to limit the information collected, or to view their information, they may contact HMBC.

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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APPENDIX 12 - MEDICATION ADMINISTRATION CONSENT

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church (“HMBC”), a Parent or Caregiver shall complete a *Medication Administration Consent* for Vulnerable Persons requiring administration of one or more medications while in HMBC’s care. Each medication shall have its own *Medication Administration Consent*. The *ERROR! REFERENCE SOURCE NOT FOUND*. may include more than one medication. This completed document shall be submitted to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

General Information		
Name of Child, Youth, or Vulnerable Adult:		
The following conditions must be met: <ul style="list-style-type: none"> • participation in a full-day or overnight HMBC-sponsored Ministry Activity; • medication is in original container with prescription label intact; • non-prescription medication is accompanied by a doctor’s written authorization; • Screened Volunteers and Staff maintain an APPENDIX 13 - MEDICATION ADMINISTRATION RECORD; and • Parent or Caregiver reviews and signs off on the <i>Medication Administration Record</i> 		
Medication Details		
Name of Medication:		
Dosage:		
Description: <input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Spray/Inhalant <input type="checkbox"/> Other:		
Start Date:	End Date:	
Storage Instructions:		
Administration Instructions:		
STOP the medication/treatment if:		
Liability Release		
<i>I undertake and agree to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage or injury suffered by my Child, Youth, or Vulnerable Adult as a result of administering, or failing to administer the medication provided within the context of HMBC Ministry Activities.</i>		
Signature		
Signature of Parent/Caregiver	Printed Name of Parent/Caregiver	Date
Purposes and Extent		
<i>HMBC collects and retains this information for the purpose of having a written record of a Parent or Caregiver’s consent to administer medication to their Child, Youth, or Vulnerable Adult while in HMBC’s care. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC’s CONFIDENTIAL archives. The information collected is also stored in a password-protected database and is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your Child, Youth, or Vulnerable Adult’s information, please contact HMBC. A temporary copy of this document is maintained in the care of the Ministry Team Leader on off-site HMBC-sponsored Ministry Activities.</i>		

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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APPENDIX 13 - MEDICATION ADMINISTRATION RECORD

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church (“HMBC”), Screened Volunteers and Staff shall maintain this *Medication Administration Record* for medications administered on behalf of the Parent or Caregiver during HMBC-sponsored Ministry Activities. Each medication shall have its own **APPENDIX 12 - MEDICATION ADMINISTRATION CONSENT**. This *Medication Administration Record* may include more than one medication. This completed document shall be signed by the Parent or Caregiver and a Screened Volunteer or Staff at the time of return, and submitted to the Ministry Team Leader, Designated Screening Personnel, or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Name of Child, Youth, or Vulnerable Adult					
Medication Administration Record					
Medication Name	Date	Time	Dosage	Administered by	Comment
Liability Release					
<i>I undertake and agree to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage or injury suffered by my Child, Youth, or Vulnerable Adult as a result of administering, or failing to administer the medication provided within the context of HMBC Ministry Activities.</i>					
Please sign below that you have reviewed this Medication Administration Record and that the medication has been returned to the Parent or Caregiver.					
Signature of Parent/Caregiver		Printed Name of Parent/Caregiver		Date	
Signature of Volunteer/Staff		Printed Name of Volunteer/Staff		Date	
Purposes and Extent					
<i>HMBC collects and retains this information for the purpose of having a written record of medication administered on behalf of a Parent or Caregiver. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC’s CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your Child, Youth, or Vulnerable Adult’s information, please contact HMBC. A temporary copy of this document is maintained in the care of the Ministry Team Leader on off-site HMBC-sponsored Ministry Activities.</i>					

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 14 - INFORMED CONSENT

As part of the *Plan to Protect® Policy* at Highland Mennonite Brethren Church (“HMBC”), a Parent or Caregiver shall receive a *Letter of Informed Consent* from their Child, Youth, or Vulnerable Adult’s Ministry Team Leader for each HMBC-sponsored Ministry Activity of elevated risk (including off-site travel). This letter shall be provided at least one week before the planned HMBC-sponsored Ministry Activity. In order for the Child, Youth, or Vulnerable Adult to participate, an *Informed Consent* (in addition to **APPENDIX 10 - ANNUAL REGISTRATION AND RELEASE FORM**) shall be completed by a Parent or Caregiver and submitted prior to the Ministry Activity of elevated risk to the Ministry Team Leader or HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Sample Letter of Informed Consent
Dear _____ (Parent or Caregiver), _____ (Date)
<p>As part of Highland Mennonite Brethren Church’s ministry to your Child, Youth, or Vulnerable Adult we are planning an HMBC-sponsored Ministry Activity which requires your informed consent prior to their participation. While every precaution is taken for safety and good health, some sports and activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational HMBC-sponsored Ministry Activities. Once you’ve reviewed the details below and are in agreement with your Child, Youth or Vulnerable Adult’s participation, please sign the informed consent and submit it to me or the HMBC office prior to the Ministry Activity of elevated risk. This informed consent is given in addition to APPENDIX 10 - ANNUAL REGISTRATION AND RELEASE FORM. If your Child, Youth, or Vulnerable Adult does not already have one on file, please complete and submit it along with your informed consent.</p>
Sincerely, _____ (Ministry Team Leader)
Ministry Activity of Elevated Risk
Date of Ministry Activity
Description
Purpose
Specifics (location/destination, itinerary/schedule, fees, contact information for Volunteers and Staff, sleeping arrangements, mode of transportation, drivers, etc.)
Additional Information (recommended clothing, required supplies, etc.)
Associated Risks include but are not limited to (rock climbing, bungee jumping, white water rafting, canoeing, water skiing, etc.)

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Informed Consent – choose one of the following options:

- I have been informed by Volunteers and Staff of Highland Mennonite Brethren Church of the details of a Ministry Activity of elevated risk taking place on _____ (insert date) and authorize the participation of my Child, Youth, or Vulnerable Adult in this HMBC-sponsored Ministry Activity; or
- I trust the Volunteers and Staff of Highland Mennonite Brethren Church to inform me of the details of each Ministry Activity of elevated risk taking place throughout the current ministry year (ending August 31) and authorize the participation of my Child, Youth, or Vulnerable Adult in each of these HMBC-sponsored Ministry Activities. I understand that I may revoke this Informed Consent in writing at any time.

Participant's Information

Child, Youth, or Vulnerable Adult's Full Name:

Alberta Personal Health #	Home Phone #	Cell Phone #
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Emergency Contacts (include the proper custody agreement authorizations)

Parent or Caregiver	Cell Phone #
Additional Parent or Caregiver	Cell Phone #
Additional Emergency Contact	Cell Phone #

Relationship to Additional Emergency Contact:

Liability Release

I understand that I am exposing my Child, Youth, or Vulnerable Adult to inherent risks and hazards. I accept all these risks and hazards and agree that by allowing their participation, I take responsibility for any injury or other loss which may occur during their participation in this HMBC-sponsored Ministry Activity. I undertake and agree to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage or injury suffered by my Child, Youth, or Vulnerable Adult as a result of participating in this HMBC-sponsored Ministry Activity, as well as of any medical treatment authorized by the persons supervising my Child, Youth, or Vulnerable Adult within the context of HMBC Ministry Activities.

Signature

Signature of Parent/Caregiver	Printed Name of Parent/Caregiver	Date
-------------------------------	----------------------------------	------

Purposes and Extent

HMBC collects and retains this information for the purposes of having written consent for your Child, Youth, or Vulnerable Adult's participation in the named Ministry Activity of elevated risk. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your Child, Youth, or Vulnerable Adult's information, please contact HMBC. A temporary copy of this document is maintained in the care of the Ministry Team Leader on off-site HMBC-sponsored Ministry Activities.

This informed consent is in addition to APPENDIX 10 - ANNUAL REGISTRATION AND RELEASE FORM

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Vehicle Details			
Names & Verifications		Cell Phone #	Screened Volunteers and Staff?
Vehicle 1	<input type="checkbox"/> Verified Insurance		
<input type="checkbox"/> Driver:	<input type="checkbox"/> Verified Driver's License		<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 2	<input type="checkbox"/> Verified Insurance		
<input type="checkbox"/> Driver:	<input type="checkbox"/> Verified Driver's License		<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 3	<input type="checkbox"/> Verified Insurance		
<input type="checkbox"/> Driver:	<input type="checkbox"/> Verified Driver's License		<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle 4	<input type="checkbox"/> Verified Insurance		
<input type="checkbox"/> Driver:	<input type="checkbox"/> Verified Driver's License		<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Passenger:			<input type="checkbox"/> Yes <input type="checkbox"/> No

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 16 - INCIDENT REPORT FORM

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church (“HMBC”), the Ministry Team Leader shall complete an *Incident Report Form* immediately following any incident that involves a Vulnerable Person which occurs or has been brought to their attention during an HMBC-sponsored Ministry Activity. The completed document shall be submitted to the Ministry Team Leader or the HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

Blank Incident Report Forms are available in each first aid kit and in ministry team binders.

Incident Description		
Date	Time	Location/Ministry Activity
Type of Incident <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Accident or Injury <input type="checkbox"/> Vehicular Accident or Incident <input type="checkbox"/> Bullying or Physical Altercation <input type="checkbox"/> Disruptive Behaviour or Vandalism <input type="checkbox"/> Criminal Activity <input type="checkbox"/> Sexual Activity <input type="checkbox"/> Evacuation or Traumatic Event </div> <div style="width: 48%;"> <input type="checkbox"/> Self-harm or Suicidal Behaviour <input type="checkbox"/> Death <input type="checkbox"/> Contraband or Substances (e.g. lighters, weapons, cigarettes, alcohol, illicit drugs, medications) <input type="checkbox"/> Financial gift from Vulnerable Person <input type="checkbox"/> Other (e.g. poisoning, uttering threats, etc.) </div> </div>		
Parties Involved		
Vulnerable Person(s) involved 1. 2. 3.	Age/Gender	Phone #
Volunteers and Staff, Occasional Observers present 1. 2. 3.	Role	Phone #
Contact with Parent or Caregiver		
Was a Parent or Caregiver notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nature of Notification (e.g. in person, by phone)		
Parent or Caregiver Response		

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Incident Details		
What happened?		
What might have led to the incident?		
What action was taken in response?		
Cautionary Statement		
<p><i>A person may submit a report without fear of repercussion, if it is made in good faith and not with the intent of personally or publicly damaging the reputation of the persons named, or the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers. If it is determined that the report was submitted in bad faith, the reporter may be subject to disciplinary action by HMBC, pursuant to its policies and guidelines.</i></p>		
Signatures		
Signature of Incident Reporter	Printed Name of Incident Reporter	Date
Signature of Witness to Incident	Printed Name of Witness to Incident	Date
Signature of Ministry Team Leader	Printed Name of Ministry Team Leader	Date
Purposes and Extent		
<p><i>HMBC collects and retains this information for the purposes of accurately recording any incident that occurred during HMBC-sponsored Ministry Activities. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law.</i></p>		
Contact with Media/Public		
<p>A designated spokesperson will be appointed by the Crisis Communication Team, as set out in HMBC's <i>Crisis Communication Policy</i>, to speak on behalf of HMBC to media and to the public in relation to an incident within the context of HMBC Ministry Activities. All inquiries should be directed to this spokesperson and comment should not be made by other persons.</p>		

Approval: January 14, 2020
Approved by: Leadership Team
Notice to: Membership

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 17 – ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT FORM

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church (“HMBC”), the reporter shall complete this form immediately upon allegation, disclosure, or suspicion of Abuse of a Vulnerable Person, adhering to this policy’s 3.2 *Reporting Procedures upon Allegation, Disclosure, or Suspicion of Abuse*. The completed report shall be submitted to the Lead Pastor or another member of the Executive of HMBC, 4018 Centre B St NW, Calgary AB T2K 0W2, executive@highlandchurch.ca, 403-276-9396. All information submitted shall be kept CONFIDENTIAL on a strict need-to-know-basis and not shared with anyone else or influenced by anyone else.

Blank Alleged, Disclosed, or Suspected Abuse Report Forms are available in each first aid kit and in ministry team binders.

Person Submitting Report		
Last Name	First Name	Phone #
Ministry Role (if applicable)		
Names of others present when suspicion arose 1. 2. 3.		Phone #
Victim		
Last Name	First Name	<input type="checkbox"/> M <input type="checkbox"/> F
Birthdate	Age	Phone #
Address		Postal Code
Name(s) of Parent(s) or Caregiver(s)		
Name(s) of Sibling(s), if applicable		
Accused		
Last Name	First Name	<input type="checkbox"/> M <input type="checkbox"/> F
Relationship between Alleged Victim and Accused		
Nature and Indications of Suspected Abuse		
<input type="checkbox"/> physical <input type="checkbox"/> sexual <input type="checkbox"/> emotional <input type="checkbox"/> neglect <input type="checkbox"/> other (explain)		
List facts, physical signs, incident(s)		

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Approved by: Leadership Team
Notice to: Membership

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**Highland Mennonite Brethren Church
Conduct Manual
Plan to Protect® Policy**

Response		
Actions taken by you (include dates and times)		
Lead Pastor or member of the Executive contacted	Phone #	
Police Service or Protection Agency contacted	Phone #	
Name of Police Officer or Agency Official contacted	Phone #	
If a Child is reporting...		
What did the Child say? (give quotes where possible)		
What was your response?		
Cautionary Statement		
<i>A person may submit a report without fear of repercussion, if it is made in good faith and not with the intent of personally or publicly damaging the reputation of the persons named, or the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers. If it is determined that the report was submitted in bad faith, the reporter may be subject to disciplinary action by HMBC, pursuant to its policies and guidelines.</i>		
Signature		
Signature of Person submitting Report	Printed Name of Person submitting Report	Date
Purposes and Extent		
<i>HMBC collects and retains this information for the purposes of having a detailed report of an allegation, disclosure, or suspicion of Abuse and to file this report with police services or protection agencies, as required by law. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC’s CONFIDENTIAL archives in a sealed envelope marked CONFIDENTIAL. The information is accessible only on a need-to-know basis and where required by law.</i>		
APPENDIX 18 – FOLLOW-UP TO ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT, completed by the Lead Pastor or another member of the Executive, must accompany this Alleged, Disclosed, or Suspected Abuse Report Form.		

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 18 – FOLLOW-UP TO ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church (“HMBC”), the Lead Pastor or another member of the Executive shall complete this follow-up immediately upon receipt of a completed *APPENDIX 17 – ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT FORM* and attach it to that report on behalf of HMBC, 4018 Centre B St NW, Calgary AB T2K 0W2, executive@highlandchurch.ca, 403-276-9396. All information submitted shall be kept CONFIDENTIAL on a strict need-to-know basis and not shared with anyone else.

Acknowledgement		
I received <i>APPENDIX 17 – ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT FORM</i>		
from _____ (Reporter, Phone #)		
on _____ (Date) at _____ (Time)		
Victim		
Last Name	First Name	
Accused		
Last Name	First Name	
Report & Response		
Details as reported to you:		
Conclusions drawn by you:		
Actions taken by you (include dates and times):		
Signature		
Signature of Lead Pastor/Executive	Printed Name of Lead Pastor/Executive	Date
Purposes and Extent		
<i>HMBC collects and retains this information for the purposes of having a detailed report of HMBC's response to an allegation, disclosure, or suspicion of Abuse and to file this response with police services or protection agencies, as required by law. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives in a sealed envelope marked CONFIDENTIAL. The information is accessible only on a need-to-know basis and where required by law.</i>		
This Follow-Up to Alleged, Disclosed, or Suspected Abuse Report, completed by the Lead Pastor or another member of the Executive, shall accompany a completed APPENDIX 17 – ALLEGED, DISCLOSED, OR SUSPECTED ABUSE REPORT FORM.		

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 19 - OFFENDER'S COVENANT AGREEMENT

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church ("HMBC"), the Lead Pastor and another member of the Executive of HMBC, 4018 Centre B St NW, Calgary AB T2K 0W2, executive@highlandchurch.ca, 403-276-9396 may enter into an *Offender's Covenant Agreement*¹⁵ with an Offender who shows a cooperative spirit and openness to restoration and wholeness. All information provided shall be kept CONFIDENTIAL on a strict need-to-know basis.

Sample Letter to Offender from Highland Mennonite Brethren Church

Dear _____ (Name of Offender), _____ (Date)

On behalf of Highland Mennonite Brethren Church, I would like to welcome you to participate in the worship and congregational life of our church. We want you to know that we see you as a very important and valued part of God's family. In light of all that has taken place in your life there are some guidelines that we feel must be followed in the context of HMBC-sponsored Ministry Activities. These guidelines are not meant to be punitive, but to ensure the safety and peace of mind for the congregation and you. The Leadership Team Executive will identify at least two covenant partners to help you on your journey to restoration and wholeness.

You shall:

- abide by the terms and conditions of probation as set out by the court;
- use the most direct route to where the congregation is meeting and sit in an area that is visible to your covenant partners;
- be accompanied by your covenant partners if you exit the room where the congregation is meeting or if you need to go the public washrooms. You may not enter a washroom in which a Vulnerable Person is present;
- refrain from all contact (including physical, verbal, and written) with Vulnerable Persons, including Children, Youth and Vulnerable Adults;
- avoid forging close friendships with families with Vulnerable Persons; and
- meet with the Leadership Team Executive at least twice a year to discuss your adherence to these guidelines.

You shall not:

- take pictures;
- be on church property unsupervised or in any unlit areas of church property;
- be on church property during Ministry Activities specifically designed for Vulnerable Persons;
- volunteer or agree to lead, chaperone or participate in Ministry Activities involving Vulnerable Persons; nor
- transport any Vulnerable Person.

We are so grateful that you have made us aware of your situation. It shows us that there is a cooperative spirit and openness to restoration and wholeness.

You are welcome and encouraged to join one of our adult small groups if Vulnerable Persons are not present and if the facilitator is made aware of your situation.

¹⁵ adapted with permission from [Smart Justice](#)

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

Please consider this *Offender's Covenant Agreement* carefully, and then set up a time to meet with me when we can go over any questions you may have before we finalize your Covenant Partners and sign on the dotted line.

Offender's Covenant Agreement

- I accept the following persons as Covenant Partners. I agree that they will be made aware of the circumstances of my situation and the contents of this agreement:

Covenant Partner 1: _____

Covenant Partner 2: _____

Covenant Partner 3: _____

- I have read and agree to abide by the conditions of this agreement.
- I understand that copies of this agreement will be provided to all parties involved.
- I understand that any violation of this agreement may result in refusal of access to HMBC property or congregational Ministry Activities.
- I understand that this agreement will be reviewed every six months and will remain in effect for an indefinite period of time.

Initial Agreement

Signature of Offender	Printed Name of Offender	Date
Signature of Lead Pastor	Printed Name of Lead Pastor	Date
Signature of Executive Member	Printed Name of Executive Member	Date

Subsequent Agreement – 6 months

Signature of Offender	Printed Name of Offender	Date
Signature of Lead Pastor	Printed Name of Lead Pastor	Date
Signature of Executive Member	Printed Name of Executive Member	Date

Subsequent Agreement – 12 months

Signature of Offender	Printed Name of Offender	Date
Signature of Lead Pastor	Printed Name of Lead Pastor	Date
Signature of Executive Member	Printed Name of Executive Member	Date

Purposes and Extent

HMBC collects and retains this information for the purposes of holding an Offender accountable on their journey to restoration and wholeness. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives in a sealed envelope marked CONFIDENTIAL. The information is accessible only on a need-to-know basis and where required by law.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

APPENDIX 20 – OVERNIGHT/OUT-OF-CITY MINISTRY ACTIVITY WAIVER

As part of the Plan to Protect® Policy at Highland Mennonite Brethren Church (“HMBC”), the Parent/Caregiver of a Child, Youth, or Vulnerable Adult participating in any Ministry Activity that takes place overnight and out of the city, must sign an *Overnight/Out-of-City Ministry Activity Waiver*. The completed document shall be submitted to the Ministry Team Leader or the HMBC office, 4018 Centre B St NW, Calgary AB T2K 0W2, office@highlandchurch.ca, 403-276-9396.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
By signing this document you will waive certain legal rights, including the right to sue.
Please read carefully!

In consideration for allowing my Child, Youth, or Vulnerable Adult to participate in _____ (Overnight/Out-of-City Ministry Activity Description), taking place from _____ (Start Date) to _____ (End Date), wherein, I hereby warrant and agree that:

1. I am the Parent/Caregiver having full legal responsibility for decisions regarding _____ (Child, Youth, or Vulnerable Adult’s Name) ; and
2. I am familiar with and accept, on behalf of myself and my Child, Youth, or Vulnerable Adult that there is the risk of serious injury and death from participation in this Overnight/Out-of-City Ministry Activity. These risks are inherent in all actions as a result of participation in recreation and work involved therein, particularly those requiring fitness (e.g. hiking, river rafting, rock climbing & bicycling, etc.), games, mission trips, and transporting individuals in vehicles, and like undertakings offered as part of this Overnight/Out-of-City Ministry Activity and acknowledge that these involve additional risks and dangers (e.g. weather conditions which can rapidly change without warning) and fully accept the dangers on behalf of my Child, Youth, or Vulnerable Adult; and
3. I have satisfied myself and believe that my Child, Youth, or Vulnerable Adult is physically, emotionally and mentally able to participate in any part of this Overnight/Out-of-City Ministry Activity, and that their equipment is mechanically fit and appropriate for their use in this Overnight/Out-of-City Ministry Activity; and
4. I understand, and will instruct my Child, Youth, or Vulnerable Adult, that all applicable rules for participation in any part of this Overnight/Out-of-City Ministry Activity must be followed and that at all times the sole responsibility for personal safety remains with my Child, Youth, or Vulnerable Adult; and
5. I agree that my Child, Youth, or Vulnerable Adult will immediately be removed from participation, and HMBC will notify me, if at any time an observation of any unusual hazard or unsafe condition are presented as a result of their behaviour or activities of engagement or if HMBC feels that my Child, Youth, or Vulnerable Adult has experienced any deterioration in their physical, emotional or mental health and/or fitness, or in the adequacy of their equipment, for continued participation in this Ministry Activity; and
6. I am aware that my Child, Youth, or Vulnerable Adult will be crossing (e.g. the United States and Mexico) borders, and therefore give full guardianship to _____ (Name of Primary Trip Leader), _____ (Role of Primary Trip Leader). In the event that _____ (Name of Primary Trip Leader) becomes unable to take guardianship for my Child, Youth, or Vulnerable Adult, I allow guardianship to be passed on to _____ (Name of Secondary Trip Leader), _____ (Role of Secondary Trip Leader).

Approval: January 14, 2020
 Approved by: Leadership Team
 Notice to: Membership

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Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

I UNDERSTAND AND AGREE, ON BEHALF OF MY CHILD, YOUTH, OR VULNERABLE ADULT, THEIR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, MYSELF, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN THAT MY EXECUTION OF THIS DOCUMENT CONSTITUTES:

1. A FULL AND FINAL RELEASE AND WAIVER OF LIABILITY AND ALL CLAIMS that I have or may in the future have against HMBC, event sponsors, event venues, and their respective directors, officers, employees, instructors, contractors, agents and representatives, advertisers, volunteers, other participants, (all of whom are collectively referred to as “the Releasees”) from any and all liability for any loss, damage, injury or expense that my Child , Youth, or Vulnerable Adult may suffer, or that their next of kin may suffer as a result of their use of or my presence at the event facilities or my Child, Youth, or Vulnerable Adult’s participation in any part of, or presence at, the games, events, mission trips and activities of HMBC, due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE RELEVANT OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES.
2. AN AGREEMENT NOT TO SUE THE RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation of my Child, Youth, or Vulnerable Adult in any aspect of the games, events and activities of HMBC; and
3. AN AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the Releasees or otherwise.
4. An agreement that this document be governed by the laws, and in the courts of the Country, State, Province or Territory in which the events and related activities take place.

Please check off each of the following:

I/We, the Parent(s) or Caregiver(s) of this Child, Youth or Vulnerable Adult

- hereby grant my/our permission for them to participate fully in said Ministry Activity; and
- hereby agree to obtain my/our own travel medical insurance for my/our Child, Youth, or Vulnerable Adult for the full duration of this Ministry Activity; and
- hereby give my/our permission to take said Child, Youth, or Vulnerable Adult to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any; and
- further, should it become necessary for my/our Child, Youth, or Vulnerable Adult to return home due to medical reasons, disciplinary action or otherwise, I/we hereby assume all transportation costs.

I/WE HAVE READ AND UNDERSTAND THIS AGREEMENT AND I/WE AM/ARE AWARE THAT BY SIGNING THIS AGREEMENT I/WE AM/ARE WAIVING CERTAIN SUBSTANTIAL LEGAL RIGHTS WHICH MY/OUR CHILD, YOUTH, OR VULNERABLE ADULT, THEIR HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS AND I/WE AND/OR MY/OUR CHILD, YOUTH, OR VULNERABLE ADULT MAY HAVE AGAINST THE RELEASEES.

Highland Mennonite Brethren Church Conduct Manual Plan to Protect® Policy

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT		
Signature of Parent/Caregiver	Printed Name of Parent/Caregiver	Date
Signature of Parent/Caregiver	Printed Name of Parent/Caregiver	Date
Participant Only		
I have read the preceding 2 pages and understand the rules of conduct and will fully abide by them, as well as all additional instructions of leaders of this Ministry Activity.		
Signature of Participant	Printed Name of Participant	Date
Purposes and Extent		
HMBC collects and retains this information for the purposes of having written consent for your Child, Youth, or Vulnerable Adult's participation in the named Overnight / Out-of-City Ministry Activity. Upon review and any required follow-up, the original document is filed indefinitely – upon recommendation by our insurance company and legal counsel - in HMBC's CONFIDENTIAL archives. The information collected is also stored in a password-protected database. The information is accessible only to the Ministry Team Leader, Designated Screening Personnel, Leadership Team, and where required by law. If you wish to limit the information collected, or to view your Child, Youth, or Vulnerable Adult's information, please contact HMBC. A temporary copy of this document is maintained in the care of the Ministry Team Leader on off-site HMBC-sponsored Ministry Activities.		
Liability Release		
<i>A Parent or Caregiver has undertaken and agreed to indemnify and hold harmless the Canadian Conference of Mennonite Brethren Churches, The Alberta Conference of Mennonite Brethren Churches, and Highland Mennonite Brethren Church, each of their leadership, staff, and volunteers from and against any loss, damage or injury suffered by my Child, Youth, or Vulnerable Adult as a result of participating in this Overnight/Out-of-City Ministry Activity within the context of HMBC Ministry Activities.</i>		
<i>OVERNIGHT/OUT-OF-CITY MINISTRY ACTIVITY WAIVER is in addition to APPENDIX 10 - ANNUAL REGISTRATION AND RELEASE FORM</i>		