

Zion

Youth Ministry

Policy Manual

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Introduction

- **Why a policy manual?**
 1. The effectiveness of most organizations is enhanced when written policies are in place to govern recurring activities and actions.
 2. Written policies also help keep organizations “on course” as leadership changes over time.
 3. The basic purpose of are to guide recurring activities, actions, and events.
 4. To say, what you do and do what you say.

- **Policy Specifics**
 1. Policies tell how specific activities, actions, and events should be conducted.
 2. Policies are applicable to all people involved in Board of Youth sponsored activities.
 3. The Chair of the Board of Youth will maintain the master policy file and inform all new board members of its existence and use.
 4. All people involved in Board of Youth sponsored activities will comply with the policies and inform the Board of Youth about changes needed.
 5. Anyone may originate or propose a policy change. New policies or proposed changes will be routed through the Board of Youth for consideration and approval. A majority vote by the Board of Youth is necessary to approve a new, or change an existing policy.
 6. Questions about the policies should be directed to the Board of Youth and/or Director of Christian Education.
 7. While policies are meant to be comprehensive, they do not and cannot cover every possible subject or situation which may occur. In the absence of policies, board members and/or youth should use common sense, good judgment, Christian experience and a loving attitude.

Adult Sponsors

- **Criteria**

1. Those helping in Board of Youth activities need to be in good standing with the church and community.
2. They need to demonstrate maturity in decisions and actions, and a love for Jesus, His Church, and our youth.
3. Young Adult Leaders must be at least 3 years removed from the group they wish to work with. Three years out of high school to work with High School Youth. Three years out of 8th grade to work with the Middle School Youth.
4. Adult Leaders must be at least 21 years old.
5. No one who is known to have a substance abuse problem, a recent police record or criminal activity, (within last 3 yrs.) or mental health problems, which might affect judgment and reliability may not work with the youth.
6. A background check may be completed
7. Volunteers are to be members of Zion for at least six months. (Nonmembers must be approved by the Board of Youth and or DCE.) Consideration should be given to a person who has transferred or is a new member.

- **Parents as Youth Sponsors**

1. Parents of youth may be a part of Youth Ministry activities. However, the youth shall be consulted regarding any involvement on the part of the parent in the activity(s) that also involve the student of that parent.
2. Parents are encouraged to participate and follow the agenda for the event.

- **Ratio**

1. At any event there should always be 2 adults present
2. Every effort will be made to have both male and female sponsors for overnight activities, events or outings involving male and female youth.
3. Events with high school youth, an adult to youth ratio should be no less than 1 to 9
4. Events with middle school youth and or larger events, an adult to youth ratio should be no less than 1 to 7

- **Beds & Rooms**

1. Adult sponsors will at no time share a bed with a youth.
2. Adult sponsors will at no time be alone in a hotel room with a youth.
3. Adults will get first priority in getting a bed. Meaning a youth might have to sleep on the floor.
4. A parent may share a bed with their youth and be alone in a hotel room with their youth.
5. If an adult is in a room with a youth, the door must be left open.

Alcohol, Tobacco, Illegal and Prescription Drugs

- **Youth**

1. Youth are at no time permitted to use alcohol, tobacco product or illegal drugs or to be under the influence of such. This includes those students who may be 19 years of age, and legally permitted to use tobacco products. Use of said substances is grounds for immediate removal from activity.
2. Youth are to at no time give their prescription drug to another youth.
3. Youth are to at no time take prescription drugs given to them by another youth.
4. Youth must disclose prescription drugs they are currently taking to the adult in charge. All prescription drugs must be kept in their original prescription bottle.

- **Adults**

1. Adults are at no time permitted to use alcohol or illegal drugs while acting as a chaperone.
2. Adults should not consume any alcohol within 4 hours of acting as a chaperone.
3. Adults should at no time use tobacco products in front of, or in the presence of youth. Adults should do their best to refrain from using tobacco products while serving as a chaperone.
4. Adults acting as chaperones should not give students over the counter medicine without parental permission.
5. The adult in charge may at any time deem it necessary to hold and dispense all prescription drugs of the youth.

Code of Conduct

- **Expectations** - All people are expected to conduct themselves in a way that would be pleasing to God.
 1. Communicate in a positive and effective manner
 - a. No offensive or profane language or gestures
 - b. No yelling
 - c. Be kind, courteous, supportive, and encouraging
 2. Refrain from using all illegal substances.
 3. Refrain from all sexual activity.
 4. Build others up.
 5. Show respect for all people and property.
 6. Dress in a modest and appropriate manner.
 7. Keep feet, hands, and all objects to yourself.
 8. Follow directions the first time given.

- **Covenants** - A covenant is a contract which stipulates behavior expectations and consequences for youth, parents and adult sponsors.
 1. Before all major trips and some local events all group participants will gather to write an event covenant.
 2. The covenant will be signed by all participants
 3. All participants are to hold each other accountable to the covenant.

- **Violations**- may result in:
 1. A warning
 2. Contacting of parent
 3. Having adult supervision at all times.
 4. Completing service hours at church.
 5. Having objects and or privileges taken away
 - a. Objects that are taken away will remain in possession of the lead adult until a parent claims the object.
 - b. Objects maybe retained or destroyed at the lead adult's discretion.
 6. Being sent home from event
 - a. Being sent home is done totally at the parent's expense
 - b. If on an event more than four hour away
 - i. Parents will have twelve hours to get their youth.
 - ii. Youth will not be placed on an airplane without a parent or appointed guardian.
 - c. If on an event is out of town, but less than 4 hours away
 - i. Parent will have one hour plus travel time to get their youth.
 - d. At church or in town
 - i. Parent will have one hour to get their youth.
 - ii. If a youth drove themselves to church or the offsite event, the youth will not be allowed to drive themselves home. They must be claimed by parent.
 7. Other - based on lead adult's discretion.

8. Zion does not post bail money (or the like) to release a youth from police (or the like) custody.

Finances

- **Youth Checking & Saving Account**

1. Audited at least twice a year by a member of the board of Youth.
2. Total amount, expense amount and income amount will be reported to the congregation at each of the quarterly congregation voter's meetings.
3. A detailed register will be kept on both the checking and savings account that shows in detail where the money came from and where the money went.
4. If a check is written to the person keeping the register or the person who has check writing authority, at least one member of the Board of Youth will be notified.
5. At least one Board of Youth member will be notified anytime cash is withdrawn from the checking or saving account.
6. All receipts are to be kept and saved.
7. The Board of Youth will not do fundraising for individual accounts.
8. All fundraised money will go into a general account that will benefit both the Middle School and High School Youth.

- **Money Handling**

1. All money must be deposited within seven days of it being received.
2. Large sums of cash (anything over \$100) will be deposited on the next day that the bank is open.
3. All fundraising and other large sums of money will be counted on church property by two non-related people before being handed to the person depositing and recording the money.

- **Youth Assistance**

1. Cost should not prevent a youth from attending an event.
2. Youth monies can be used to help subsidize individual youth costs as needed.
3. The Board of Youth can choose to have any youth seeking assistance work off their cost at the church. Ten dollars equals one hour of work.
4. "Lay Away" plans can be set up for individual families. Allowing those with a need to take a longer time to pay off costs.

- **Refunds**

1. Money can be refunded to a family if:
 - a. The Board of Youth does not accrue a financial loss
 - b. The Board of Youth is able to get the money paid out refunded to them
 - c. No money has been paid out yet
2. If you pull out of an event you might be responsible for paying out additional money if:
 - a. The family will be responsible to payback all fundraised money that was paid out on your youth's behalf.
 - b. The family will be responsible to payback all costs related to pulling out of an event. For example: change of name on airline tickets.

3. In certain circumstances a family can choose to have someone else take their space.
 - a. The family withdrawing out is responsible for collecting all moneys from the replacement.
 - b. Replacements must be a member of Zion
 - c. Replacements must meet all eligibility requirements.
 - d. Replacements must be of the same gender.

Permission Forms

- **Permission Forms** - Permission forms will be divided into three categories as follows;
 1. “Blanket Form” – Forms which need to be filled out annually, they included:
 - Emergency Contact & Insurance Information
 - Authorization to Consent to Medical and Dental Care
 - Emergency Medical Information
 2. “Event Form” – forms which need to be filled out for each event
 - Liability & Activity Release
 3. “Outside Form” – Forms needed by outside provider of services

- **Guidelines**
 1. Youth must have a signed “Blanket” and “Event” forms to participate in any activity outside the church grounds.
 2. Youth without a “Blanket” and “Event” forms may have parent give verbal approval and provide the needed information to the lead adult in certain circumstances.
 3. The Board of Youth will provide the necessary forms required for all activities. See attachments.
 4. Some events will require additional forms. These forms must be completed to attend those events.

Personal Insurance Coverage

1. Participants in high risk youth activities must have health/accident insurance.
2. Zion Lutheran Church will not provide health/accident insurance for youth participants
3. Zion Lutheran Church will not be held liable for payment for any expenses related to illness or injury which may occur during the activities.
4. It is expected that families of youth will carry a primary health or accident insurance policy on them for servant events, out-of-town youth gatherings, other long distance events, or high risk events (paintball, ski trips, etc.).
 - a. If a youth does not have health insurance while at a local event, a legal guardian must check their youth into a healthcare facility.
5. By sending a youth on an event, the parent is consenting to let Zion's representatives make the following decisions in an emergency
 - a. Consent to medical, surgical, and dental care for such minor child
 - b. Consent to any diagnostic test, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child.
 - c. Employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child
 - d. Admit such minor child to any hospital, clinic emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care.
 - e. Sign all necessary consents and authorizations.

NOTE: An adult will remain at the medical facility until a legal guardian arrives or the youth is discharged.

Transportation

- **Adult Driver Requirements: To be eligible to drive for Youth activities**
 1. The driver must have a valid driver's license.
 2. The driver must be at least 25 years old
 3. Driving events should be canceled in cases of severe weather.
 4. All drivers for youth event must have proof of insurance on the vehicle used for transporting youth to scheduled events.
 5. The car must be in good working condition.
 6. The driver must agree to know and obey all driving guidelines set in this policy.

- **Driving Guidelines: For all drivers involved in youth events**
 1. All Traffic laws are to be strictly followed. This includes speed limits.
 2. Drive defensively and as an example to the youth.
 3. Everyone is to have a seat belt, properly buckled while the vehicle is in motion, even when the law allows otherwise.
 4. Passengers may leave the vehicle only when the engine is turned off or the driver gives verbal permission.
 5. No youth are to leave the vehicle while it is stopped in traffic or at a traffic signal.
 6. Passengers are not to hinder or distract the driver while the vehicle is in motion.
 7. Cell phones or other devices should not be used by the driver while the car is moving.
 8. An adult shall never be alone in a car with a youth they are not related to. This includes transportation to and from an event and taking/bringing youth home after an event.

- **Youth Driving Guidelines: For all youth driving to and from events**
 1. Youth who are at least 16 years of age, have a valid drivers license, proper insurance, and permission from their parents can drive themselves to and from the church for an event.
 2. No youth are allowed to drive during an event.
 3. It is understood that high school students often come together, and go home together. If a youth who did not come with a youth driver and wishes to be driven home by a youth driver, permission must be granted by both the parent of the youth rider and the parent of the youth driver.

Emergency contact & Insurance Information

PARTICIPANT NAME: (LAST) _____ (FIRST) _____

BIRTH DATE: ____ / ____ / ____ MALE: ____ FEMALE: ____ SS#: ____ - ____ - ____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) ____ - ____ OTHER PHONE: (____) ____ - ____

CUSTODIAL PARENT/GUARDIAN: _____

HOME PHONE: (____) ____ - ____ OTHER PHONE: (____) ____ - ____

HOME ADDRESS (IF DIFFERENT): _____

HEALTH PLAN CARRIER: _____

NAME OF INSURED: _____

RELATIONSHIP TO PARTICIPANT: _____

POLICYHOLDER/INSURANCE ID: _____

FAMILY DOCTOR: _____

OFFICE PHONE: (____) ____ - ____ MEDICAL EXCHANGE: (____) ____ - ____

FAMILY DENTIST: _____ OFFICE PHONE: (____) ____ - ____

SECOND PARENT OR EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO PARTICIPANT: _____

HOME PHONE: (____) ____ - ____ OTHER PHONE: (____) ____ - ____

Please specify if any health insurance pre-certification, notification, or other requirements exist for the participant:

Please copy the front and back of participant's/cardholder's insurance card in the space below.

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

(I)(We), the undersigned parent(s) and/or natural guardian(s) of _____, Social Security #: _____-_____-_____, a minor, do hereby authorize my child’s even or adult leaders (and/or any other adult appointed or designated by him/her) to (i) consent to medical, surgical, and dental care for such minor child, (ii) consent to any diagnostic test, medical, surgical or dental procedure or treatment as my be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (III) on (my)(our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for much minor child, (b) admit such minor child to any hospital, clinic emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care, and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign THIS AUTHORIZATION TO CONSENT TO MEDICAL AND DETAL CARE knowingly, freely and willingly.

This authorization shall continue for such time as my child is participating in **EVENT** and during travel to and from the event.

In Witness whereof, (I) (We) have executed this “Authorization to Consent to Medical and Dental Care” this day _____, 2011

Parent/Legal Guardian Date Parent/Legal Guardian Date

Witness Date

Emergency Medical Information

Name of Participant: _____

Does participant have (If "Yes", explain)

____ Yes ____ No Allergies? _____

____ Yes ____ No Heart Condition _____

____ Yes ____ No Other? _____

Is participant subject to (If "Yes", explain)

____ Yes ____ No Headaches? _____

____ Yes ____ No Seizures? _____

____ Yes ____ No Motion Sickness? _____

____ Yes ____ No Fainting? _____

____ Yes ____ No Sleep Walking? _____

____ Yes ____ No Upset Stomach? _____

____ Yes ____ No Other? _____

Does participant have reaction to: (If "Yes", explain)

____ Yes ____ No Bee Sting? _____

____ Yes ____ No Penicillin? _____

____ Yes ____ No Other Drugs? _____

____ Yes ____ No Poison Ivy, Oak, Sumac? _____

____ Yes ____ No Other? _____

____ Yes ____ No Has the participant had any serious illness or surgery within the past ten years? Please List: _____

____ Yes ____ No Are any drugs ineffective in treatment? _____

____ Yes ____ No Is the participant diabetic? Medication? _____

____ Yes ____ No Does the participant have any sight or hearing impairment? _____

____ Yes ____ No Does the participant wear contact lenses? _____

____ Yes ____ No Does the participant wear hearing aids _____

Blood type: _____ Date of last Tetanus shot? _____

Please indicate ANYTHING else that the leaders should know to help avoid or deal with any medical situation that might arise. _____

Liability & Activity Release

I understand that the “EVENT” for which Medical Consent and Liability and Activity Release Form is being given is described as follows:

DATE OF EVENT: DISCRIPTION OF EVENT

I hereby consent to participation of my child (or of myself) in the above-described Event. I have read the information materials regarding the planned activities. I am aware that in addition to activities such as Bible study, worship, sight-seeing, using public transportation, and meal functions, the participant also may choose to participate in various recreational sports activities or service projects that may involve additional risks, such as: jumping, running or other physical movements.

I understand that I have a duty to provide primary accident and medical insurance for my child (or for myself) and I declare that my child (or myself is) covered by primary accident and medical insurance.

I RELEASE AND FOREVER DISCHARGE, ZION LUTHERAN CHURCH, THEIR AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY CHILD’S (OR MYSELF’S) PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS ZION LUTHERAN CHURCH, THEIR AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE EVENT OR TRAVEL TO AND FROM THE SAME.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand it contents, and have signed the same as my own free act and deed.

FOR PARTICIPANTS AGE 21 AND OVER:

Participant Signature	Date	Witness

FOR PARTICIPANTS UNDER 21:

Participant Signature	Date	Witness