### Code of Conduct and Guidelines for Pathfinder/Adventurer Volunteers Acknowledgement

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

#### My Commitment to Volunteer Ministry: I will,

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

My signature below indicates I will comply and act in good faith with this Code of Conduct and Guidelines for the welfare of the people involved. I understand this document is valid for as long as I continuously serve as a Pathfinder/Adventurer ministry volunteer with my local church. If at any time I feel I can no longer comply with this code I will immediately inform the Kentucky-Tennessee Conference Youth Department. A copy of this form shall be considered valid and shall serve the same purpose as the original.

Signed:	Date:
Witness:	Date:

#### KYTN Conference Pathfinder/Adventurer Volunteer Application - Part 1

Section 1 Date of Record

## Church Name Name \_\_\_\_\_\_ Birth Date \_\_\_\_\_ \_\_\_\_\_ Email \_\_\_\_\_ Address \_\_\_\_\_ City Street/P.O. Box State Zip Home Phone Work Phone Cell Phone Pathfinder club name \_\_\_\_\_\_ Adventurer club name \_\_\_\_\_ How many years of service have you completed (NOT including this year)? \_\_\_\_\_\_. Section II Health History Do you now have or have you had any injury/sickness that might limit your involvement in Pathfinder or Adventurer Club activities? Yes No If yes, how would it hinder? **Section III References** (List three references –NO family members and NO club members, please.) 1. Name: \_\_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ 2. Name: \_\_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ 3. Name: Address: Phone: Section IV Experience List experience (Adventurers, Scouting, Sabbath School, etc) that might qualify you for Pathfinder/Adventurer leadership. Position/Type of Work Church/Organization Date of Service 1. \_\_\_\_\_ Please include Part 1 and Part 2 when submitting this application to your church board and to the KYTN Conference. This form will not be processed without both Parts. \_\_\_\_\_ Date: \_\_\_\_\_ Local Pathfinder/Adventurer Leader Signature Date Voted by the church board: Recommended Not Recommended Recommended w/conditions noted\* Conditions: \_\_\_\_\_ Date: Church Board Chairman Signature Date: Conference Youth Director Signature

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

# **KYTN Conference** - Volunteer Application - Part 2

unlawful sexual conduc	onduct used, charged, convicted t, child abuse, and/or chi ild abuse or sexual cond	ild sexual abuse,	or obtained couns		
** IF YES, please prov	ide the following inform	nation and docun	entation:		
	City of incident: _				
! Legal documentation t ! Documentation from a	o clear or back-up above professional as to your	e explanation. suitability to ser	ve as a volunteer	staff.	
All information in this applin this application form & the local entity may refer, information, personal, or conduct a criminal convicagency/organization & its application & background good faith & without mali	ent of Accuracy/Release blication is true to the best of hereby authorize personal to give any & all information therwise, that may or may the tion records investigation, and authorized representation. I also hold harmless all ince for furnishing the information for services & time votiginal.	of my knowledge. references or ager ion regarding emp not be on their reas may be required tives for all action individuals /organimation requested.	cy/church leadersh oyment or scholast cords. I further auth by the law of this sperformed in good attions who provided understand this is	ip to consult ir ic standing tog norize agency/ state. I release d faith in the e e information t strictly a "volu	n detail with whom gether with any other church leadership to from liability this valuation of this o this agency in unteer" position, and
Name:	Phone:		E-Mail:		
Address:Street/P	.O. Box	City	State		Zip
Signature of Applicant:			_ Date:		
Please send this form to:	KY-TN Conference Youth Department P.O. Box 1088 Goodlettsville, TN 370				a confidential file.