



St. Paul's Evangelical Lutheran Church

308 Oak Manor Drive, Glen Burnie, Maryland 21061-5594

Church Office 410-766-2283 † churchoffice@stpauls-lutheran.org

School Office 410-766-5790 † rcolross@stpauls-lutheran.org



Rev. Dr. George E. Black
Senior Pastor
gblack@stpauls-lutheran.org

Rev. Dr. John B. Warther
Associate Pastor
jwarther@stpauls-lutheran.org

Rev. Paul T. Dannenfeldt
Pastor Emeritus

Mrs. Ruth Colross
Principal
rcolross@stpauls-lutheran.org

Mrs. Maureen Griepentrog
Director of Music
griepentrog@stpauls-lutheran.org

Mrs. Christine McGruder
Administrative Assistant
mcgruder@stpauls-lutheran.org

Mrs. Coral Shreve
Child Care Director
cshreve@stpauls-lutheran.org

Mrs. Matija Hoppe
Business Manager
mhoppe@stpauls-lutheran.org

Mr. Jay Albright
Facility Manager
jalbright@stpauls-lutheran.org



Church Fax 410-766-2281
School Fax 410-766-8758
Child Care 410-766-0591



Sunday Worship Services
8:00a.m. Heritage Worship
10:30a.m. Praise Worship/HC

Sunday School and Bible Study
9:20a.m. (Age 2 through adult)

Additional Worship
5:00pm Saturday Service

St. Paul's Lutheran School
K-3 through Grade 8

Before and After School Child Care
Available for students
7 a.m. through 6 p.m.



Church Website
www.stpaulsgb.org

School Website
www.stpaulslutherschoolgb.org

Dear Volunteer,

We truly appreciate your desire to serve in the ministries of St. Paul's Lutheran Church; without your help, many ministry needs would not be met. In order to maintain certain insurance requirements and for the peace of mind of parents who will be leaving their youth and children in the care of others while attending other church functions, St. Paul's performs a background check on all of its volunteers. In order to prevent any form of discrimination, a background check is done regardless of the time you have been a member of St. Paul's, this way, no one feels they are being "singled out" in any way. Please be assured that any information received from you or from the company completing the background check is completely confidential and will be shared with no one other than the appropriate staff member who oversees the area of ministry for which you have volunteered.

If you have any additional questions, please do not hesitate to contact me at (410)-761-5177, ext 213 or at mhoppe@stpauls-lutheran.org.

Thank you again for your desire to serve,

Matija Hoppe
Business Manager

"Keep watch over yourselves and all the flock...Be shepherds of the church of God..." Acts 20:28

Child Protection Guidelines
adopted by
St. Paul's Evangelical Lutheran Church
July 1, 2008

1. All adults and youth, both employed and volunteer, who work with minors must be screened and undergone a criminal background check prior to beginning work. All persons who work with minors must undergo a Screening Process. The steps and checklist to be used in the Screening Process are labeled "Appendix A".
2. Adults who have been convicted of either sexual or physical abuse of children/youth or those who have a history of inappropriate conduct with children will not be employed and shall not volunteer service in any church-sponsored activity or program for minors.
3. Adult survivors of childhood sexual or physical abuse need and will receive the love and acceptance of our church family.
4. Employees and volunteers who work with children and youth shall observe the "two-person rule" or the "open door policy" at ALL times. The "two-person rule" requires that employees and volunteers and supervisors shall make every reasonable effort to avoid situations where an employed or volunteer worker is alone with children or youth without a partner. The "open door policy" requires the door be open at all times. The "TWO-PERSON RULE" will be MANDATORY for all employees and volunteers with our NURSERY and KINDERGARTEN AGE CHILDREN.
5. All employees and volunteers working with children and youth are required to be members or active constituents of St. Paul's Lutheran Church for a minimum of six months before they begin their work.
6. Our guidelines and procedures for reporting suspected incidents of abuse, or any behavior, which seems abusive or inappropriate are labeled "Appendix B". Our guidelines and procedures for responding to reported incidents of abuse are labeled "Appendix C".

IMPLEMENTATION:

We recommend that these guidelines and procedures be implemented within thirty (30) days of their adoption, with the completion of the initial screening process and background checks within ninety (90) days of adoption.

The Executive Council will have the responsibility to implement and enforce these guidelines and procedures, including the training of employees and volunteers, maintaining confidential records, and implementing the screening process.

Appendix B

St. Paul's Evangelical Lutheran Church Child Protection Guidelines

REPORTING PROCEDURES

The law requires a person to immediately report suspected and reported child abuse to the authorities and, in organizations such as St. Paul's to the appropriate individual in charge. A person who fails to do so can be prosecuted for a Class B misdemeanor or, in extreme circumstances, may be subject to civil liability for money damages. Therefore, all employees and volunteers at St. Paul's Church must adhere to the following procedures:

1. In the event of suspected, reported or discovered child abuse or violation of the child Protection Guidelines of St. Paul's Church, the employee or volunteer shall immediately notify the pastor or, in the absence of the pastor, a person designated by the pastor and approved by the Executive Council. In the event of suspected, reported or discovered child abuse or neglect, an employee or volunteer will also immediately make a report to the local child protection service or law enforcement agency 410-508-2011.

* Physical signs of molestation may include:

- lacerations and bruises
- irritation, pain or injury to the genital area
- difficulty with urination
- discomfort when sitting
- torn or bloody underclothing
- venereal disease

* Behavioral signs of molestation may include:

- nightmares
- anxiety when approaching the church building or nursery or preschool area (beyond normal separation anxiety)
- nervous or hostile behavior toward adults
- sexual self-consciousness or acting out of sexual behavior
- withdrawal from church activities and friends

* Verbal signs of molestation may include statements such as:

- "I don't like _____."
- "_____ does things to me when we're alone."
- "I don't like to be alone with _____."
- "_____ fooled around with me."

* Adapted from Child Abuse: Governing Law and Legislation by I. Sloan (1983)

2. Reports shall be documented in writing with the date of the report, the time of the report, the telephone number to which the report was made, the name of the recipient of the report, and a brief synopsis of the report. If at all possible, all oral reporting will be done in the presence of a recorded witness.
3. All church employees and volunteers working with minor children will receive training at the beginning of each church administrative year regarding the signs of child abuse, including child sexual abuse, and the steps to report any and all suspected child abuse.

Appendix C
(Church)
Child Protection Guidelines

RESPONSE PROCEDURES

1. The official spokesperson for St. Paul's Lutheran Church, shall be the Pastor, or in the absence of the Pastor, the previously designated spokesperson. All inquires or requests for information from the media, attorneys or any other parties shall be referred to the official spokesperson. No person other than the official spokesperson is to release any information regarding any alleged incident of child abuse without the express approval of the official spokesperson.
2. The official spokesperson shall immediately report any alleged incident of child abuse to the appropriate local Child Protection Services agency of the county, our insurance carrier, the Conference or District Superintendent.
3. The care and safety of the victim is our first priority. We will not confront the accused without the approval of the Child Protection Service or law enforcement authorities.
4. We will not prejudge any person accused, but we will take any allegation of child abuse seriously and will reach out in Christian love and support to the victim and the victim's family, extending whatever pastoral care resources are needed. We will fully cooperate with any authorities investigating an allegation of child abuse.
5. We will treat the accused with dignity and respect. If the accused is a church worker, that person shall be temporarily relieved of his or her duties until the investigation is finished and the person cleared by the authorities. If the accused is a paid employee of our church, his or her income will be maintained, until allegations are cleared by authorities or until criminal charges are filed.
6. All communication by the official spokesperson to the media, congregation, and public will protect the privacy and confidentiality of all involved.
7. All efforts in responding to the alleged incident of child abuse shall be documented by the Pastor or, in the absence of the Pastor, by the previously designated spokesperson, and maintained in a secure and confidential file.

Children/Youth Work Application

VOLUNTEERS

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

Age range: under 18 18-25 over 25

The information contained in this application is correct to the best of my knowledge. I hereby authorize **St. Paul's Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **St. Paul's** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

****St. Paul's** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

In which children/youth program(s) are you seeking to become involved? _____

What skills would you bring to the children/youth program? _____

What church or churches have you attended in the past five years?

List any denominations or churches of which you have been a member, including the city and state.

Church name	Pastor's name	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all previous church service, volunteer or paid, you have provided for the last 10 years, and any special gifts and talents.

What other children/youth work experience do you have? *(Please list)*

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References (Other than relatives)

Name /Relationship	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Signature _____ Date _____

Because **St. Paul's** cares for all persons on our campuses, we ask you to please answer the following questions. We understand the following questions are personal and we will protect your privacy.

Have you at any time ever:

- Been arrested for any reason? Yes No
- Been convicted of, or pleaded no contest to, any crime? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Have you ever been charged with or committed a crime (regardless of age), including criminal traffic violations? Yes No

If yes, please explain: *(attach a separate page, if necessary)* _____

Is there anything in your past or present that would prohibit you from effectively ministering to our church membership? Yes No

If yes, please explain: *(attach a separate page, if necessary)* _____

Are you aware of:

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

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

(Please attach additional pages if more space is needed)

Applicant Verification and Release

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

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

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

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

Printed name: _____

Signature: _____ Date: _____

Attach a copy of the Driver's License to this sheet

Attach a copy of the Insurance Card for this vehicle to this sheet

Name of Ministry: _____

Address: _____

City, State, Zip: _____

Policy Number: _____

Ministry Driver Screening

Driver's name (as shown on license): _____

Date of birth: _____

Social Security number: _____

(Please provide your SSN only if you've given your ministry leader permission to purchase a copy of your driving records.)

Driver's license state and number: _____

Is this a commercial driver license? Yes No

Which vehicle will you be driving? Make: _____ Model: _____ Year: _____

Are you the primary driver? Yes No

Primary driver = You drive the vehicle more than once per month or more than 12 times per year.

In the past three years:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you been at fault for any accidents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you had any moving traffic violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you had any insurance company cancel or refuse to provide you with auto insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you had your drivers license revoked, suspended, or restricted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you had any physical impairments other than corrective glasses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been charged with or convicted of "driving while intoxicated" or "driving under the influence"? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any question(s) 1-6 have been answered with "yes," please provide full details below: (dates, descriptions, amounts, or other explanation).

Signed _____ Date _____

St. Paul's Lutheran
VOLUNTEER/STAFF EMERGENCY FORM

Name: _____ DOB: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Cell: _____ Other: _____

Physician's Name: _____ Phone: _____

Physician's Address: _____
Street City State Zip

Emergency Contact Information: (Please complete at least two.)

1. Name _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____
Street City State Zip

2. Name _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____
Street City State Zip

3. Name _____

Home Phone: _____ Cell: _____ Work: _____

Address: _____
Street City State Zip

Medical Information:

Do you take any medication on a daily basis? Yes or No

If yes; please list medication and diagnosis: _____

Do you have any physical problems? Yes or No If yes, please list: _____

Do you have any Psychiatric or Behavioral? Yes or No If yes; please list: _____

Signature _____

Date _____

DHMH/COMAR 10.16.06.27 Added 04/05

Activity Participation Agreement

Activity Information *(To be completed by the activity sponsor)*

Name of sponsoring organization: _____
Address: _____ Telephone: _____
Name of sponsor's coordinator: _____ Telephone: _____
Description of activity: _____
Date(s) and location of activity: _____

Participant Information *(To be completed by participant or authorized guardian)*

Name of participant: _____
Name of parents/guardians: _____
Address: _____ Telephone: _____
Name of emergency contact: _____
Telephone (Day): _____ Telephone (evening): _____
List allergies or medical conditions: _____
Is sponsor authorized to approve medical treatment? Yes No
Is participant covered by personal/family medical insurance? Yes No
If yes, name of insurer: _____
Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____

(Participant and/or ALL parent/guardians if participant is a minor)



Authorization for Self Administration of Medication

Self administration of medication may be authorized by the parent/guardian. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

Name of Youth: _____ Date of Birth: _____

Address: _____

Condition for which drug is being administered: _____

Drug Name: _____ Dose: _____ Route: _____

Time(s) of Administration: _____

Description of medication: _____

Relevant side effects: _____ None Specify: _____

Allergies: _____ No _____ Yes Specify: _____

Prescriber's Name: _____ Title: _____

Telephone: _____ Fax: _____

Address: _____

I hereby request that the above ordered medication be self-administered in the presence of a youth Leader. I understand that I must supply St. Paul's Youth Group with the appropriate amount of medication for all three days of the camping trip and in the original properly labeled container.

Parent/Guardian Signature: _____ Date: _____

Parent's Home Phone: _____ Mobile Phone: _____

Medication Rules for St Paul's Lutheran Church Youth Group

- Youth's involved in St Paul's Youth group will need to self administer medications
- The adult volunteers of St Paul's youth group will not be responsible for medication administration.
- Medications will need to be labeled with the youth's name and handed over to the adult volunteer in charge of the group activity to be kept in a safe location
- When and if the medications are needed they will be given to the youth to self administer.
- No medications are to be shared or given to another youth to use.

EMERGENCY DATA CARD

PLEASE PRINT ALL INFORMATION in BLUE OR BLACK INK

Childs Name: _____

Address: _____

Home Phone: _____

****INDICATE WHICH PARENT TO CONTACT FIRST WITH AN "X" IN THE BLANK BELOW****

____ FATHER/STEPMOTHER/GUARDIAN

____ MOTHER/STEPFATHER/GUARDIAN

Father's Name: _____

Mother's Name: _____

If different from Child's Address and Home Phone:

If different from Child's Address and Home Phone:

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Father's Employer: _____

Mother's Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone/Beeper #: _____

Cell Phone/Beeper #: _____

Stepmother's Name: _____

Stepfather's Name: _____

Stepmother's Employer: _____

Stepfather's Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone/Beeper #: _____

Cell Phone/Beeper #: _____

PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM EVENT, OTHER THAN PARENTS WITH JOINT OR SOLE CUSTODY.

Please list those individuals below who have permission to pick up your child. Whenever it becomes necessary for your child to leave with someone not on the list below, it must be verified by a phone call and/or a note.

We ask for a minimum of 2 emergency contacts in order to be prepared for a crisis similar to 9/11.

NAME	RELATIONSHIP TO CHILD	PHONE	CELL/PAGER

PLEASE TURN OVER FOR ADDITIONAL INFORMATION



