

GUIDELINES FOR BEST PRACTICES



JUNE 21, 2022

HEART LAKE BAPTIST CHURCH
10245 Kennedy Rd N, Brampton, ON, L6Z 0C5

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Supervision

Two Adult Rule

All activities will include at least two screened adults supervising the children, youth, and vulnerable adults as a prevention strategy and to minimize the possibility of false accusation. Exceptions are classes or activities held in rooms with a window in the door which are monitored by the floater or service monitor. This occurs with the Sunday School classes on a Sunday Morning which is regularly monitored by a Floater or Service Monitor.

Staffing Ratio

- 1. Classroom settings must comply with established ratios for adults and children. This includes off-site activities and trips. Established ratios are:
 - One staff for every three infants (birth 18 months)
 - One staff for every 5 toddlers
 - One staff for every 8 preschoolers
 - One staff for every 13 children aged 3 ½ to 7
 - One staff for every 15 children aged 5 ½ to 13
- 2. Programs for youth must comply with established staffing ratios as follows:
 - Junior High events One staff for every 20 students
 - Senior High events One staff for every 20 students
 - Overnight/Off-Site events One staff for every 10 students

Floater

In settings where only one adult is present ministering to children/youth (i.e., Sunday school) the Ministry Leader shall arrange to have a floater check-in on the classrooms or other locations during the activity. The floater must be an individual having completed the staff selection/screening process.

Service Monitor

A member of council or a council designate will be on duty during the worship service for general supervision. This will be an individual who has completed the staff selection/screening process.

Relatives Ministering Together

Siblings, husbands/wives, or parent/child that share a desire to work together in ministry should have another screened staff, who is not a family member, present.

Staff Absences

All staff will personally arrange a substitute from the pre-approved "Supply List" if they are absent. All individuals on the "Supply List" are required to have completed the staff

selection/screening process. In the case where two staff are not available, the group will join in with another group or the program will be cancelled.

Occasional Observers

Occasional observers who join a class will have their attendance recorded and kept on file with the classroom attendance for that day. Under no circumstances is an observer to be alone with a child/youth or group of children/youth and out of the sight of the screened staff. They will not be placed in a position of trust with children/youth.

Medical Exception

If there is a medical reason(s) a potential volunteer may not be suitable as a leader, he/she will be considered for a "helper position." This volunteer would be paired with a screened leader and never placed in charge. Consideration will be based on case by case by the Ministry Leader and Overseer.

Registration Policies

Nametags

Individuals working with children will wear a name tag to identify them as staff.

Participant Record

Participant Record forms which include contact and medical information will be accessible in each program meeting area in case of emergency and are kept indefinitely. It is the responsibility of the ministry leader or staff to ensure that the forms are completed and submitted for all participants. In the case of a visiting child, the parent bringing the child will be considered the guardian for the event and the participant form must be sent home at the conclusion of the first program. All effort must be made to keep forms updated and current.

Attendance

- 1. Attendance of children is recorded each time a classroom or program is in session.
- 2. Record the staff and helpers on duty in each classroom/program and record any guest or occasional observer present. This attendance record will be filed with the Overseer indefinitely.

Receiving and Releasing Children

For Babies to Kindergarten Children:

- 1. Receiving and releasing children under the age of six is strongly monitored. A mandatory sign-in and sign-out form is to be used in all children's programming.
- 2. Children are not to be dropped off in a classroom without staff present.
- 3. Babies and preschool children will only be released into the care of the child's parent or designate utilizing a signature, security number or identification card.
- 4. Parents and visitors are not to enter the nursery or preschool classroom unless requested to do so.

For Elementary Students:

- 1. Younger elementary students are to remain in the classroom/program until the parent or designate comes to pick them up and the student demonstrates recognition.
- 2. Consideration must be given to security, church facilities, location, leader rotation and size of group when determining if Sign In & Out sheets are required for this age.

Discipline & Classroom Management

All discipline and classroom management will be conducted in a loving and caring environment. All attempts will be made to prevent discipline problems from arising and to avoid the need for remedial discipline. All attempts are to be taken to adhere to the following:

Preventative Discipline:

- · Create a loving, caring atmosphere
- To gain respect, you must grant respect
- Model self-discipline and structure in your own life
- Prepare exciting and interesting classes with short transitions between activities
- Arrange your environment for children and for learning
- Establish and communicate realistic expectations for the children
- Be sure the activities that you provide are meaningful and age-appropriate
- Be fair and consistent with all children
- Be sure your focus is on positive actions and reward positive behaviour
- Be aware of children with special needs and bring their needs to the attention of the ministry lead

Remedial Discipline:

- Every effort will be made to deal with problems individually
- Every effort will be made to explain to the child why the behaviour is unacceptable and instruct them in how to do it correctly
- Every effort will be made to redirect the child to positive action
- Every effort will be made to explain the consequences of unacceptable behaviour by defining the correct way to behave as well as the result of the wrong behaviour
- Every effort will be made to offer choices that are acceptable to both you and the child

Classroom rules will be established to clearly communicate the expectations required of children. Some suggested rules are:

- One voice talking at a time
- · Quiet hands get answered
- Use inside voices
- Obey directions the first time
- Use good manners
- Keep your hands and feet to yourself
- Respect each other
- Be friendly

- Visit the washroom before class begins
- Remember life is not fair, but God is good

Bullying among Peers

Bullying is the act of intentionally causing harm to others, through verbal harassment, physical assault, or other more subtle methods of coercion such as manipulation. It can be referred to as peer abuse.

Our children and youth have a right to a caring, respectful, and safe church environment where they will encounter the love of God in action. A Zero Tolerance for bullying will therefore be always in effect and will be communicated and enforced among the children and youth. All ministry personnel will take action to prevent bullying, teach against it, and assist and support children and youth who are being bullied. Bullying in any form will not be tolerated.

Bathroom Procedures

Children wearing a diaper are to be changed by parents and in emergencies by a Screened Adult Nursery Worker.

The toddler/preschool rooms have a bathroom attached to the room so a staff adult can assist the child if needed and be in full view of the other staff. The door to the bathroom will always be left ajar.

Taking younger children to the hall bathroom, the youth or adult staff will escort the child to the bathroom, remain outside the bathroom door and wait for the child, and return to class together. If the child needs assistance another staff worker must be called and be present when assisting. The bathroom stall door will never be closed.

School age children do not require an adult or youth escort. Where needed a same sex friend will accompany the child to the bathroom or the staff adult who has view of the one room bathroom from the classroom door can see the child go in and can make sure they return to the classroom.

During Home Visits the staff will not change diapers or help children with bathroom routines. This is the responsibility of the parent.

Health and Safety Issues

First Aid Kit

First aid kits at the church are available in each Wheelchair washroom and the kitchen. The Administrator shall ensure the contents of the first aid kits are properly stocked monthly. Additional first aid kits ("Kits for Off-Site Events") are stored in the kitchen and will be available for church events taking place off church property. Committee/ Ministry leaders involved in such events shall secure a first aid kit for these events and review contents to ensure the kit is properly stocked.

Use the Accident Report Form to report any accidents to the office. Parents will be informed immediately in the case of injury.

Emergency Fire Procedures and Drills

The Property Committee will establish fire exit procedures, post procedures (see attached map) regarding emergency fire exit procedures. Leaders/staff will be trained during annual Protection Policy training, educate their group, and will practice procedures in the form of a drill every year.

Illness

Children with contagious illnesses will not be admitted by staff in programs or classes (symptoms may include excessive coughing, visible body fluids such as a continuous runny nose, pinkness and mucous in eyes, fever, vomiting, etc.).

Medication

Staff is not to administer medication. Parents must administer medication if it is required. In exceptional cases (extreme allergies, inhalers, etc.) parents must provide a letter including signed consent and detailed instructions in the event of an emergency.

Off-Site and Overnight Excursions

All excursions, (whether a trip to the park, retreat, camping or to private homes) will have all staff and adults present who have completed the screening process. Written parental consent for each participant must be obtained for every group off-site and group overnight excursions. Forms must be kept in the ministry leader's possession during trips or events and a photocopy filed in the church office. Ministry leaders will submit the original forms to the Overseer to be filed indefinitely.

Individual contact/one on one outside the church building must occur only in public places and with the prior consent of the minor and parent or guardian. (e.g., mentoring times at the coffee shop or visitation at a hospital)

Transportation

Transportation to and from events is primarily the responsibility of the families. During events, drivers will not drop off or pick up minors without the prior written consent of the parent or legal guardian.

If volunteers are required to transport children/youth to events by cars or vans (e.g., retreat), the driver must have completed the staff selection/screening process, possess a valid driver's license and vehicle insurance. Everyone must wear seat belts (one person per seat belt) and be in appropriate car seats according to the law.

Appendix A

List of attached forms

- Adult Application Form for Volunteer Staff
- Statement of Faith
- Protection Policy Agreement Form
- Child and Youth Participant Form
- Accident Report Form
- Application Form for Youth Volunteers
- Off-Site Excursion Form
- Medical Release and Permission Form
- Reference Check Record
- Allegation Report
- Fire Evacuation Duties
- Evacuation Floor Plans

Adult Application Form for Volunteer Staff

Name	Date:
Address	Ministry:
Phone (home)(cell)	Leader:
Spouse's name (if married)	Interview Date:
How long have you been attending Heart Lake Baptist Church?	
Do you attend services at Heart Lake Baptist Church on a regular ba	sis? Yes No
Previous church attended	
Have you accepted Jesus Christ as your Lord and Saviour? Yes	No
In the space provided below briefly describe how and when you cam relationship with the Lord.	e to know Christ and your
What do you believe your spiritual gifts to be?	
List any courses you have taken at the church over the past three ye	ars:
Why are you interested in serving in the ministry mentioned above?	
Do you have any physical, medical, or psychological conditions that working with children or youth? Yes No	-
If yes, please explain	

Please list references:		
Name:	Position:	Phone:
Name:	Position:	Phone:
Name:	Position:	Phone:
I grant permission for Heart Lake suitability for ministry) from indivi strictly confidential.	•	` ` ` `
I grant permission for Heart Lake understand that Heart Lake Bapt environments in which children, y development. I understand that re	ist Church has adopted this pro outh and adults may experienc	cedure to maintain safe ministry e spiritual growth and
I acknowledge that my signature a reference check and criminal re		st Church permission to conduct
Name of Volunteer (please print)	:	
Signature of Volunteer:		
Date:		

Statement of Faith (June 6, 2006)

Based on our orthodox interpretation of Scripture, we declare the tenets listed below:

- 1. We believe the 66 books of the Bible, to be the inspired Word of God, the complete revelation of His will for the salvation of humanity, and the final authority for all Christian faith and life. 2 *Timothy 3:15-17; 2 Peter 1:20,21; Matthew 5:17,18; John 10:35; 2 Peter 3:15,16; Psalm 19:7,8.*
- 2. We believe in one God, Creator of all things, infinitely perfect and eternally existing in three persons, Father, Son and Holy Spirit. All things are for His glory, and it is God alone we worship. Deuteronomy 6:4; 1 Timothy 2:5; Genesis 1:1,26; 1 Kings 8:27; Psalm 90:2; 1 John 1:5; 1 Timothy 1:17; John 6:27; Ephesians 4:6; John 1:1,14; Hebrews 1:8; Acts 5:3,4; Matthew 28:19; 2 Corinthians 13:14. Romans 11:36.
- 3. We believe that Jesus Christ, the Son of God, is true God and true man, who was supernaturally conceived by the Holy Spirit and born of the virgin Mary. He died on the cross as a sacrifice for our sins, rose bodily from the dead, and ascended into heaven, where now, at the right hand of the Father, He is our mediator and advocate. *Matthew* 1:18,23; *Matthew* 16:16; *John* 1:1,14; *Philippians* 2:5-11; *Hebrews* 1:8; 1 *Timothy* 2:5,6; *Matthew* 20:28; *Luke* 23:33; *Romans* 3:23,24; 2 *Corinthians* 5:21; 1 *John* 2:1; *Luke* 24:6,7; 1 *Corinthians* 15:3-8; *Matthew* 28:19; *Acts* 1:9-11.
- 4. We believe that the Holy Spirit glorifies the Father and the Son, convicts people of sin, brings to spiritual life the believing sinner, indwells, guides, instructs, grants spiritual gifts, and empowers the believer for holy living and service. *John 16:13-15; John 15:26; John 16:8-11; John 3:3-5; Titus 3:5; John 14:16; 1 Corinthians 6:19; Romans 8:14; Romans 8:26,27; Ephesians 5:18; Galatians 5:16-23; 1 Corinthians 12:7.*
- 5. We believe that both man and woman were created in the image of God but disobeyed Him. They consequently incurred physical death, and spiritual death, which is separation from God. This disobedience brought sin, guilt, moral depravity and suffering on humanity which is lost and in need of salvation. *Genesis 1:26,27; Genesis 3; Romans 5:12; Romans 1:18-3:20.*
- 6. We believe that God, by His mercy and grace, restores to Himself all those who, through faith, turn from their sin and trust in the resurrected Jesus Christ, who died on the cross for their salvation. Only those who receive Jesus as their Lord and Saviour are spiritually born anew by the Holy Spirit and thus become children of God. Since Christ gives the believer life, the Christian life is lived as a joyful offering to God in relationship with Him. Luke 5:32, John 3:16; Romans 6:23; Ephesians 2:8,9; 1 Timothy 1:15; Acts 4:12; Acts 16:31; John 14:6; 1 John 5:11,12; John 1:12; Romans 12:1; 6:13; John 15.
- 7. We believe that water baptism by immersion and the Lord's Supper are ordinances to be observed by the Church but are not to be regarded as a means of salvation. Only those who have a saving relationship with Christ are to be baptized and receive the Lord's Supper. *Matthew 28:19; Acts 2:41; Romans 6:3,4; Matthew 26:26-28; 1 Corinthians 11:17-34.*

- 8. We believe that the true church is composed of all persons who, through saving faith in Jesus Christ, have been made spiritually alive by the Holy Spirit and are united together in the body of Christ, of which He is the head. All faithful believers will unite themselves with a local church for worship, teaching, fellowship, service, and mission. Matthew 16:18; 1 Corinthians 12:13,14; Ephesians 2:19-21; Colossians 1:18; 1 Peter 2:4,5; Acts 2:41-47; 1 Corinthians 1:2.
- 9. We believe that our Lord Jesus Christ will return triumphantly, take to Himself his people, and bring to fulfillment the kingdom of God. *Matthew 24:30; Acts 1:11; Revelation 1:7; Revelation 22:20; John 14:1-3.*
- 10. We believe in the bodily resurrection of the dead; of the believer to everlasting blessedness and joy with the Lord; of the unbeliever to judgment and everlasting conscious punishment with Satan and his followers. *John 5:28,29; John 11:25; 1 Corinthians 15; 1 Thessalonians 4:13,14; Revelation 21:1-4; Revelation 21:11-15; Revelation 21:8; Revelation 20:10; Matthew 25:41.*
- 11. We believe God instituted marriage to be a lifelong, monogamous, loving relationship between a man and a woman to the exclusion of all others. God's gift of sex is designed to be protected within the covenant of marriage. We affirm that marriage between a man and a woman is the only context for sexual activity that is in keeping with God's will and biblical principles. We believe that a healthy marriage is the best foundation for families and the raising of children. *Genesis* 2:18-25.
- 12. We believe that God intends that all human life from conception to death should be considered and treated as possessing great worth and dignity. *Genesis* 1:26-31; *Psalm* 8: Romans 12:9-21.

Protection Policy Agreement Form

I have read the Heart Lake Baptist Church Protection Policy, Guidelines for Best Practices, and have completed the training. I am familiar with the procedures outlined in the Protection Policy and the Guidelines for Best Practices. I agree to uphold this policy and the procedures contained therein. I recognize that this policy represents an intentional effort by Heart Lake Baptist Church to foster spiritual growth and development for children, youth, and adults in a safe environment.

I have read the Heart Lake Baptist Church Statement of Faith. I will support these beliefs fully in my involvements at Heart Lake Baptist Church. If my personal beliefs are not, or at some time in the future, cease to be in harmony with those of Heart Lake Baptist Church I will withdraw my participation without trying to influence others.

Name of Volunteer (please print):	
Signature of Volunteer:	-
Date:	
Witness:	_
Date:	_
Protection Policy Training Completion Date:	

Child And Youth Participant Record

Name of participant:
Address:, ProvPostal Code
Phone Number:
Birthdate: O.H.I.P #:
Please list medical conditions or concerns below:
Parent(s) Name: 1 & 2
Parent(s) phone number 1. (residence)(business/cell)
2. (residence)(business/cell)
Address of parent(s) (if different from above) ProvPostal Code
Emergency contact name:
Relationship to Participant:
Emergency contact phone number (residence) (business)

Accident Report Form

Name of staff member reporting the accident:
Injured or Affected Individual:
Date and time of accident:
Location of accident:
Describe the accident (including injury, if any):
Was anyone else involved in the accident (if so, describe)?
The distance of the state of the second of t
List name(s) of witness(es), if any:
If medical treatment was required, describe the nature of the treatment:
in medical treatment was required, describe the nature of the treatment.
Is any follow up required? Yes No
Signature of reporting staff member:
Date:

Application Form for Youth Volunteers

Name:	Date:
Address:	Ministry:
ProvPostal Code:	Leader:
Phone Number:	Interview Date:
Email:	
Date of Birth: Y/M/D	
Do you attend church regularly? Yes No	
How long have you attended Heart Lake Baptist Church?	
Have you completed a babysitting course? Yes No	
In what area of children's ministry are you interested in volunteering?	
Why are you interested in volunteering in the area mentioned above?	
What does Jesus mean to you and how is He a part of your life?	

been involved in and where this service too	·
	_
References	
Please list three references below (other the youth pastor, family friend, Club leader, etc.	an family members, e.g., S.S. or schoolteacher,)
Name:	Phone number:
Name:	Phone number:
Name:	Phone number:
	urch to call my references for the purpose of ildren's ministry. I understand that the results will be
Signature of Applicant:	Date:
I understand my child's desire to serve in m commitment.	inistry at HLBC and will endeavor to support his/her
Signature of Parent:	Date:

Off-Site Excursion Form

Student's name:	_ Students Health Card #:
We are heading to: Time:	
Please list any medication your child	may need:
requiring immediate treatment and/or	y in case of emergency. In case of medical emergency emergency requiring surgery, I grant permission for staff italize my child and allow the appointed physician(s) to
Parents Phone #:	Emergency #:
Parent/Guardian Signature:	Dated:
Parent(s) name Printed:	

Medical Release and Permission Form

Event:	Effective dates:
Name:	Age Birthday
Year in school	□ Male □ Female Email
Address	
	(cell)
Health Card #	
Mother's name	Phone:
Father's name	Phone:
Emergency contact	Phone:
Physician	Office phone
If necessary, describe in detail ailment, illness, propensity, we child is subject and of which th required on account thereof. S	he nature and severity of any physical and/or psychological kness, limitation, handicap, disability, or condition to which your staff should be aware, and what, if any action of protection is bmit this notification in writing and attach it to this form. Include
If necessary, describe in detail ailment, illness, propensity, we child is subject and of which th required on account thereof. Snames of medications and dos Check the following areas of cedetails: 1. For your student's safety areas.	kness, limitation, handicap, disability, or condition to which your staff should be aware, and what, if any action of protection is bmit this notification in writing and attach it to this form. Include ages that must be taken. Incern for this student. If necessary, add another page with down knowledge, is your student a—
ailment, illness, propensity, we child is subject and of which th required on account thereof. S names of medications and dos Check the following areas of codetails: 1. For your student's safety ar good swimmer	kness, limitation, handicap, disability, or condition to which your staff should be aware, and what, if any action of protection is bmit this notification in writing and attach it to this form. Include ages that must be taken. Incern for this student. If necessary, add another page with dour knowledge, is your student a— fair swimmer
If necessary, describe in detail ailment, illness, propensity, we child is subject and of which th required on account thereof. Snames of medications and dos Check the following areas of cedetails: 1. For your student's safety ar good swimmer 2. Does your child have allerging the growth of the same of t	kness, limitation, handicap, disability, or condition to which your staff should be aware, and what, if any action of protection is bmit this notification in writing and attach it to this form. Include ages that must be taken. Incern for this student. If necessary, add another page with dour knowledge, is your student a— fair swimmer
If necessary, describe in detail ailment, illness, propensity, we child is subject and of which th required on account thereof. Snames of medications and dos Check the following areas of cedetails: 1. For your student's safety ar good swimmer 2. Does your child have allerging the growth of the same of t	akness, limitation, handicap, disability, or condition to which your staff should be aware, and what, if any action of protection is bmit this notification in writing and attach it to this form. Include ages that must be taken. Incern for this student. If necessary, add another page with dour knowledge, is your student a—fair swimmer □ non-swimmer
If necessary, describe in detail ailment, illness, propensity, we child is subject and of which the required on account thereof. So names of medications and dost Check the following areas of condetails: 1. For your student's safety are good swimmer 2. Does your child have allerging pollens if so please state: 3. Does your child suffer from,	akness, limitation, handicap, disability, or condition to which your staff should be aware, and what, if any action of protection is bmit this notification in writing and attach it to this form. Include ages that must be taken. Incern for this student. If necessary, add another page with dour knowledge, is your student a—fair swimmer non-swimmer Is to—fair swimmer food insect bites The protection is being treated currently for any of psy/seizure disorder heart trouble diabetes frequently
If necessary, describe in detail ailment, illness, propensity, we child is subject and of which the required on account thereof. So names of medications and dost Check the following areas of condetails: 1. For your student's safety are good swimmer 2. Does your child have allerging pollens if so please state: 3. Does your child suffer from, the following: good sylman gepile upset stomach good physical hand	akness, limitation, handicap, disability, or condition to which your staff should be aware, and what, if any action of protection is bmit this notification in writing and attach it to this form. Include ages that must be taken. Incern for this student. If necessary, add another page with dour knowledge, is your student a—fair swimmer non-swimmer Is to—fair swimmer food insect bites The protection is being treated currently for any of psy/seizure disorder heart trouble diabetes frequently
If necessary, describe in detail ailment, illness, propensity, we child is subject and of which the required on account thereof. So names of medications and dost Check the following areas of condetails: 1. For your student's safety are good swimmer 2. Does your child have allerging pollens if so please state: 3. Does your child suffer from, the following: good sylman gepile upset stomach good physical hand	ikness, limitation, handicap, disability, or condition to which your staff should be aware, and what, if any action of protection is bmit this notification in writing and attach it to this form. Include ages that must be taken. Incern for this student. If necessary, add another page with a dour knowledge, is your student a fair swimmer non-swimmer sto— medications food insect bites or has ever experienced, or is being treated currently for any of psy/seizure disorder heart trouble diabetes frequently icap

Should this child's activities be restricted for any reas	on? Please explain:	
For your information, we expect each student to conf No possession or use of alcohol, drugs, or too No students can drive No fighting, weapons, fireworks, lighters, or ex No offensive or immodest clothing No boys in girls' sleeping quarters and no girls Participation with the group is expected Respect property of Heart Lake Baptist and a Respect one another, staff, and adult leaders Respect and comply with event schedules	oacco xplosives s in boys' sleeping quarters	
Students who fail to comply with these expectations expense.	may be sent home at their parents'	
I, the student, have read the rules of conduct, the abore permission to participate in youth group activities. I all limitations and code of conduct.		
Student signature:	Date:	
Activities may include, but are not limited to cookouts basketball, games in the park, soccer, volleyball, soft climbing, biking, concerts, Bible studies, golfing, mini canoeing, kayaking, rafting. Note: If you desire to limplease submit your wishes in writing to Leader 1-2 we	ball, baseball, camping, hiking, rock ature golf, hayrides, concerts, caving, it your child's participation in any event,	
The above-named student has my permission to atte Lake Baptist Church.	nd all youth activities sponsored by Heart	
This consent form gives permission to seek whatever and releases the Church and its staff of any liability a		
I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during my/our child's involvement. If he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.		
Parent/quardian signature:	Date [.]	

Reference Check Record

Reference check for:
Name of individual conducting reference check:
Staff position:
Name of reference: Phone:
Information to Obtain from Reference Check
How long have you known the applicant?
In what capacity have you known the applicant?
Would you describe as someone who follows through with commitments?
What gifts and abilities does the applicant possess that would enable him/her to serve?
How would you describe the applicant's personal relationship with Christ?
 Do you have any reservations or objections regarding the applicant working with children or youth?
Do you recommend the applicant for children's ministry or ministry with youth?
Notes:
Signature of individual conducting reference check:
Date:

Allegation Report

Church staff person handling report

		Date of report	
Person reporting suspected abuse			_
Child/Youth			
Suspected Abuser			_
Date of incident			
Brief description of incident			-
			-
			-
			-
When were Church personnel notified?			-
Actions taken:			
	Date	By Whom?	
Reported to - Children's Aid Society 905-363-6131			
- Police			
Parent(s) notified			
Suspect contacted and removed From working with youth/children Pending outcome of investigation			
Insurance Agent Contacted		-	

Fire Evacuation Duties

Heart Lake Baptist Church Fire Safety Plan (see attached Map)

amiv leave the building i

Calmly leave the building by the closest exit. Everyone is to meet at the designated A ssembly Area (SW area of property, on grassed area beside the Plazza)

Person In Charge will promptly organize their dass/group and exit by the closest exit. Parents will meet their child/children outside at the appointed Assembly Area.

To assist and provide order, the following in charge persons have been trained to respond in the following ways:

ap Location In Charge Persons

Area Overseen

Service Leader

at the front of Sanctuary

Direct the front half to exit by the two front doors and meet in the designated area. Announce parents will meet their child/children outside in designated area. Verify Sanduary is empty and dose the two front doors and go to the designated area.

at the back of Sanctuary

Direct the back half of sanctuary to exit by the main doors. Station one usher at back sanctuary door and another at front foyer doors. Parents will be directed outside to meet their child's class at the designated area. Usher is to verify Sanctuary is empty and close back sanctuary doors. Check the Library before exiting.

in foyer

Monitor on duty will verify the Ushers are in place, check the balcony, side rooms and main washrooms are clear. Exit and meet at the designated area. Extra Monitors will go directly to the Multipurpose Area to assist the Nursery and Toddler teachers.

Nursery/Toddler Teacher Multipurpose Area

Exit calmly with children. Pick up the attendance book and close the door behind. Meet parents at the designated Assembly Area and have them sign out their child(ren). Extra monitors will assist teacher in taking the children to the designated area.

Office/Tellers Office/Meeting Room

Check all offices, hall washroom and the fireside meeting room. Close the door behind Exit and meet at the designated area.

Group Overseer

Upstairs Classrooms

Exit calmity with children. Teachers pick up the attendance books. Overseer check rooms and close the door behind. Sit together and take attendance once outside. When appropriate release children to parents.

leacher

Upstairs Youth Room

Exit calmly with youth. Pick up the attendance book and dose the door behind. Check upstairs bathrooms. Meet outside in the designated area and take attendance.

Property Committee meet at Fire Panel

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Check out troubled area on Fire Panel. Safe Link monitors the facility and once the alarm is pulled, SafeLink will call the Fire Station. Notify Fire Services by phone: 911. Evaluate where the fire is, use portable fire extinguisher to control area if safe to do so Exit immediately and wait for the Fire Marshal to assist with information.

If the full building has been checked and it is a false alarm, access the Fire Panel Key and wait for the Fire Marshal at the front doors. The sound may be silenced <u>but do not reset panel</u> until the Fire Marshal has given instructions to do so. Re-enter facility is only after the Fire Marshal gives the instruction to do so.

IN CASE OF FIRE

UPON DISCOVERY OF FIRE:

- LEAVE FIRE AREA IMMEDIATELY
- CLOSE DOORS
- CALL BRAMPTON FIRE AND EMERGENCY SERVICES DIAL 911
- SOUND FIRE ALARM
- LEAVE BUILDING VIA NEAREST EXIT

DO NOT USE ELEVATORS

UPON HEARING FIRE ALARM:

- LEAVE BUILDING VIA NEAREST EXIT
- CLOSE DOORS BEHIND YOU

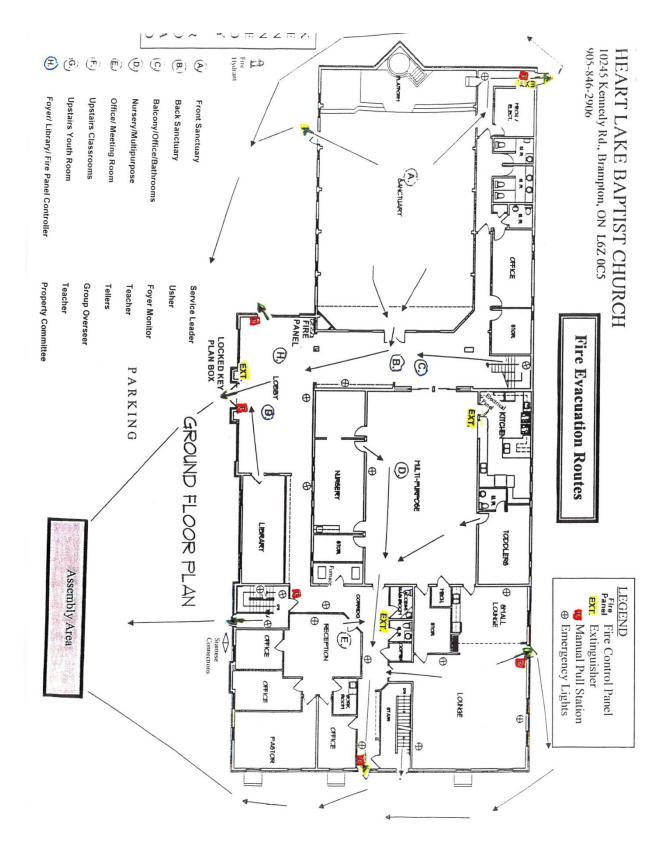
CAUTION

IF YOU ENCOUNTER SMOKE IN THE STAIRWAY, USE ALTERNATE EXIT.

REMAIN CALM

THIS BUILDING IS EQUIPPED WITH A SINGLE STAGE FIRE ALARM SYSTEM. THE FIRE ALARM SYSTEM IS TO BE ACTIVATED TO ALERT THE OTHER OCCUPANTS OF AN EMERGENCY AND TO PUT INTO OPERATION THE APPROVED FIRE SAFETY PLAN. BRAMPTON FIRE AND EMERGENCY SERVICES IS TO BE NOTIFIED BY TELEPHONING 911 GIVING THE CORRECT ADDRESS, THE EXACT LOCATION OF THE FIRE, FLOOR NUMBER AND OR SUTTE NUMBER.

Ground Floor Evacuation Plan



SECOND FLOOR PLAN