



## CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS

Revised April 24, 2024

To be adopted by the Administrative Board on January 15, 2024

This Code of Conduct is supplemental to the  
**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS  
AT ALL CONFERENCE, CIRCUIT, AND CONGREGATION EVENTS  
OF THE ALLEGHENY WEST ANNUAL CONFERENCE OF THE GLOBAL METHODIST CHURCH,**  
hereinafter referred to as the “AWAC GMC Code of Conduct.”

[\[LINK\]](#)

Crossroads Church is committed to providing a safe and secure environment for those participating in our ministry activities—children, youth, and vulnerable adults. We also seek to minimize any vulnerability to unwarranted accusations of improper behavior that our organization, volunteers, and employees may experience as they fulfill their ministerial duties. To fulfill these commitments as fully as possible, our leadership team has adopted the following Code of Conduct to be used, without exception, when selecting ministry volunteers and new employees and supervising children, youth, and vulnerable adults.

**In addition to the AWAC GMC Code of Conduct, Crossroads Church follows these guidelines:**

### 1. **Background Checks**

See Appendix A for our background screening requirements. *(These expand on the minimums in the AWAC GMC Code of Conduct.)*

Use Appendix B for a background screening authorization form. This form can be signed electronically through our background check provider.

Use Appendix C for a ministry volunteer/staff hiring/onboarding checklist.

### 2. **Supervision**

In addition to the Supervision requirements in Section 7, subsection E & F of the AWAC GMC Code of Conduct; for large groups, the number of adult supervisors must be increased in accordance with state/teacher ratio requirements:

Newborn to 1 years old:	1 adult supervisor for every 4 children
1 years to 2 years old:	1 adult supervisor for every 5 children
2 years to 3 years old:	1 adult supervisor for every 6 children
3 years to 5 years:	1 adult supervisor for every 10 children
6 years to 8 years:	1 adult supervisor for every 12 children
9 years and up:	1 adult supervisor for every 15 children

### 3. **Check-In/Check-Out Procedures**

- a. Workers should arrive at least 10 minutes before a scheduled activity. They must remain at their assigned post until all people in their care have been picked up by an authorized person. No children should be released to find their parents or wait unattended for transportation.
- b. Workers are to release children in their care only to parents, guardians, or persons specifically authorized to pick up the child. All children will be released only to an adult with matching identification on their security tag. If the tags do not match, the children’s area team leader will

ask for verification of identity or pastoral staff input. A phone photo of the security tag is acceptable at the discretion of the worker.

#### 4. **Recordkeeping**

- a. All ministry functions involving children, youth, and vulnerable adults should maintain an attendance list for every function in the church's secure database.
- b. All background screening/clearance documents and a clearance to serve should be kept in the church's secure database.
- c. Ministry workers should prepare a written *Notice of Injury Report* whenever an injury occurs during a ministry function (Appendix E). Promptly forward the incident report to the ministry coordinator or supervisor.

#### 5. **Suspicion of Child Abuse or Neglect and Mandatory Reporting**

- a. More specific guidelines and procedures for reporting suspected incidents of abuse, or any behavior which seems abusive or inappropriate, are found in Appendix D.

#### 6. **Investigations**

- a. Crossroads Church considers any allegation of abuse or molestation a serious matter. Each situation will be fully investigated first through civil authorities, then by ministry leaders with the assistance of legal counsel. The ministry will not interfere with a pending law enforcement investigation.
- b. Employees who are the subject of an investigation will be removed from their position pending completion of the investigation. Employees who admit to the abuse or molestation will be terminated consistent with the established employment practices of this ministry.
- c. Volunteer subjects of any investigation will be removed from their positions pending completion of the investigation.
- d. This ministry will permanently remove any employees or volunteers from their ministerial duties within the organization if they are found guilty of abuse or molestation. Whenever termination of employment is a factor, we also will consult with legal counsel.
- e. Crossroads will retain records of all internal investigations in the main finance/HR office.

#### 7. **Violation of Policy or Procedures**

- a. Ministry workers must promptly notify their ministry coordinator or supervisor when they or others violate the procedures mandated by this policy.
- b. Ministry coordinators, supervisors, and ministry leaders who become aware of a violation of the procedures set by this policy are required to take all necessary steps to ensure future compliance with them. In the process of ensuring compliance with this policy, it may become necessary to remove workers from their positions.
- c. There is a probationary period of one year for violators of our Protected Persons safety policies. Convicted abusers may not serve.

**CROSSROADS CHURCH**  
**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS**  
**APPENDIX A**

**BACKGROUND CHECKS / CLEARANCES / TRAININGS REQUIRED**

<b>VOLUNTEERS</b> Renew every <b>5</b> years Working with Protected Persons		Resides in			
		Pennsylvania	West Virginia	Ohio	Other
Serving in	Pennsylvania or Mission Trip	Protect My Ministry PA 153 Package, which includes: <input type="checkbox"/> PA Criminal Record <input type="checkbox"/> PA Child Abuse <input type="checkbox"/> National Combo Search  <input type="checkbox"/> PA FBI Fingerprint Clearance (if lived outside of PA in the last 10 years) (not included with PMM)	Protect My Ministry PA 153 Package, which includes: <input type="checkbox"/> PA Criminal Record <input type="checkbox"/> PA Child Abuse <input type="checkbox"/> National Combo Search  <input type="checkbox"/> PA FBI Fingerprint Clearance (not included with PMM)	Protect My Ministry PA 153 Package, which includes: <input type="checkbox"/> PA Criminal Record <input type="checkbox"/> PA Child Abuse <input type="checkbox"/> National Combo Search  <input type="checkbox"/> PA FBI Fingerprint Clearance (not included with PMM)	Protect My Ministry PA 153 Package, which includes: <input type="checkbox"/> PA Criminal Record <input type="checkbox"/> PA Child Abuse <input type="checkbox"/> National Combo Search  <input type="checkbox"/> PA FBI Fingerprint Clearance (not included with PMM)
	Hancock County, Weirton, West Virginia	Protect My Ministry PA 153 Package, which includes: <input type="checkbox"/> PA Criminal Record <input type="checkbox"/> PA Child Abuse <input type="checkbox"/> National Combo Search  <input type="checkbox"/> PA FBI Fingerprint Clearance (if lived outside of PA in the last 10 years) (not included with PMM)	Protect My Ministry Unlimited County 10 Yr Package: <input type="checkbox"/> National Combo Search <input type="checkbox"/> Criminal Record Search (Every county lived in the last 10 years)	Protect My Ministry Unlimited County 10 Yr Package: <input type="checkbox"/> National Combo Search <input type="checkbox"/> Criminal Record Search (Every county lived in the last 10 years)	Protect My Ministry Unlimited County 10 Yr Package: <input type="checkbox"/> National Combo Search <input type="checkbox"/> Criminal Record Search (Every county lived in the last 10 years)

Every Servant (ages 18 and older), takes the MinistrySafe Sexual Abuse Awareness Course every two years. Student Servants are NOT required to take this course.

<b>EMPLOYEES</b> Renew every <b>5</b> years Required for all		Resides in			
		Pennsylvania	West Virginia	Ohio	Other
Serving in	Pennsylvania or Mission Trip	Protect My Ministry PA 153 Package, which includes: ___ PA Criminal Record ___ PA Child Abuse ___ National Combo Search  ___ PA FBI Fingerprint Clearance (not included with PMM)  ___ In positions working with children/youth – Mandated Reporter Training & Certification	Protect My Ministry PA 153 Package, which includes: ___ PA Criminal Record ___ PA Child Abuse ___ National Combo Search  ___ PA FBI Fingerprint Clearance (not included with PMM)  ___ In positions working with children/youth – Mandated Reporter Training & Certification	Protect My Ministry PA 153 Package, which includes: ___ PA Criminal Record ___ PA Child Abuse ___ National Combo Search  ___ PA FBI Fingerprint Clearance (not included with PMM)  ___ In positions working with children/youth – Mandated Reporter Training & Certification	Protect My Ministry PA 153 Package, which includes: ___ PA Criminal Record ___ PA Child Abuse ___ National Combo Search  ___ PA FBI Fingerprint Clearance (not included with PMM)  ___ In positions working with children/youth – Mandated Reporter Training & Certification
	Hancock County, Weirton, West Virginia	Protect My Ministry PA 153 Package, which includes: ___ PA Criminal Record ___ PA Child Abuse ___ National Combo Search  ___ PA FBI Fingerprint Clearance (not included with PMM)  ___ In positions working with children/youth – Mandated Reporter Training & Certification	Protect My Ministry Unlimited County 10 Yr Package: ___ National Combo Search ___ Criminal Record Search (Every county lived in the last 10 years)  ___ In positions working with children/youth – Mandated Reporter Training & Certification	Protect My Ministry Unlimited County 10 Yr Package: ___ National Combo Search ___ Criminal Record Search (Every county lived in the last 10 years)  ___ In positions working with children/youth – Mandated Reporter Training & Certification	Protect My Ministry Unlimited County 10 Yr Package: ___ National Combo Search ___ Criminal Record Search (Every county lived in the last 10 years)  ___ In positions working with children/youth – Mandated Reporter Training & Certification

\_\_\_ Every employee takes the MinistrySafe Sexual Abuse Awareness Course every two years.

### **Background Screening FAQs**

#### **What's included in the *Protect My Ministry National Combo Search*?**

National Criminal Database, Nationwide Sex Offender Registry, Social Security Number Trace and Address History, Alias Names

#### **Pennsylvania-resident staff sometimes go to West Virginia to work. (E.g. visiting Kidzone or another kids ministry event at our Ohio Valley location.) Do they need additional clearances?**

No; Pennsylvania-resident staff going to West Virginia to work temporarily do not need West Virginia clearances as they have their Pennsylvania clearances on file.

#### **West Virginia or Ohio-resident staff sometimes go to Pennsylvania to work. (E.g. visiting Kidzone or another kids ministry event at one of our PA locations.) Do they need additional clearances?**

Yes; per Pennsylvania law, anyone working with children in Pennsylvania must have Pennsylvania clearances (PA Criminal Record, PA Child Abuse, PA FBI Fingerprint Clearance if employee or volunteer living outside of PA in the last 10

years.) Therefore, West Virginia staff must get Pennsylvania clearances to “fill in” or serve with children/youth in Pennsylvania.

### **Pennsylvania Resources**

#### **Mandated Reporter Training & Certification:**

Any of the PA Department of Human Services-contracted organizations offering this training is acceptable.

See: <https://www.dhs.pa.gov/KeepKidsSafe/Pages/Trainings.aspx>

#### **PA Employees Having Contact with Children FAQs**

[https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Documents/KKS-EmployeesContactFAQ\\_2021.pdf](https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Documents/KKS-EmployeesContactFAQ_2021.pdf)

#### **PA Volunteers FAQs**

<https://www.dhs.pa.gov/KeepKidsSafe/Clearances/Documents/Volunteers.pdf>

**CROSSROADS CHURCH**  
**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS**  
**APPENDIX B**

**BACKGROUND CHECK AUTHORIZATION**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

*If you've lived outside of Pennsylvania in the last 10 years –*  
Counties lived in the past 10 years \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize Crossroads 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 Crossroads Church 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. Crossroads Church and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

\_\_\_ I state that I am not disqualified from service based on a conviction or determination made by a child abuse investigation. Nor have I been convicted a felony or misdemeanor, or of an offense similar in nature to those crimes under the laws or former laws of the United States, or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth.

\_\_\_ I report that I have been named as a perpetrator of a founded report of child abuse, or I have been arrested for or convicted of a felony or misdemeanor. For each arrest or conviction of any reportable offense, provide all details:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CROSSROADS CHURCH**  
**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS**  
**APPENDIX C**

CHECKLIST FOR MINISTRY VOLUNTEERS AND EMPLOYEES

\_\_\_\_\_  
(name of worker)

- \_\_\_\_\_ Is a professing member of Crossroads Church or in the process of becoming one.  
Initial
- \_\_\_\_\_ Stressed importance of having a witness present when dealing with children one-on-one  
Initial (alternative: use open areas, leave door open, windows in doors)
- \_\_\_\_\_ Given copy of instructions for reporting child abuse cases. (Appendix D)  
Initial
- \_\_\_\_\_ Completed application for ministry.  
Initial
- \_\_\_\_\_ Checked references and conducted a personal interview (keep written documentation).  
Initial
- \_\_\_\_\_ Completed background check authorization form (see Appendix B)  
Initial
- \_\_\_\_\_ Completed all required background checks (see Appendix A)  
Initial
- \_\_\_\_\_ Completed all the MinistrySafe Sexual Abuse Awareness Course  
Initial

\_\_\_\_\_  
(Checked by)

\_\_\_\_\_  
(Date)

Note: This form to be posted in each volunteer/staffer's file. No volunteer/staffer is to be assigned until completion of the checklist.

**CROSSROADS CHURCH**  
**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS**  
**APPENDIX D**

**REPORTING PROCEDURES**

The law requires a person to immediately report suspected and reported child abuse to the authorities and, in organizations such as Crossroads Church 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 Crossroads Church must adhere to the following procedures:

1. In the event of suspected, reported or discovered child abuse or violation of the Code of Conduct for the Protection of Children, Youth, and Vulnerable Adults at Crossroads Church, the employee or volunteer shall immediately notify the Lead Pastor, Executive Pastor, or a person designated by the by Crossroads' Administrative Board. 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:

PENNSYLVANIA: Call ChildLine at 1-800-932-0313

More Info for PA: <https://www.dhs.pa.gov/KeepKidsSafe/Pages/Report-Abuse.aspx>

WEST VIRGINIA: Call the Abuse and Neglect Hotline 1-800-352-6513

- 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 \_\_\_\_\_."

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

2. The volunteer or employee may be required to complete a Suspected Abuse or Neglect Report form (Appendix F). If at all possible, all oral reporting will be done in the presence of a recorded witness.
3. Ministry leaders who become aware of possible abuse or sexual misconduct involving a participant must ensure that the participant's parent or guardian is immediately informed that possible abuse or



sexual misconduct has occurred. If the parent or guardian is the suspected perpetrator, the ministry leader will defer to local authorities on notifying the parent or guardian.

4. Ministry leaders must promptly notify our church's insurance carrier, Church Mutual, upon notice of abuse or sexual misconduct.
5. Follow all other guidelines in Section 8 of the *AWAC GMC Code of Conduct*.

**CROSSROADS CHURCH**  
**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS**  
**APPENDIX E**

**NOTICE OF INJURY FORM**

**TIME AND PLACE OF INJURY**

Date of Injury: \_\_\_\_\_

Time: \_\_\_\_\_ AM / PM

Where did the injury occur? \_\_\_\_\_

Which Crossroads regional hub? \_\_\_\_\_

**PERSON INJURED**

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of parents/guardians (if a minor):

\_\_\_\_\_

Injuries sustained:

\_\_\_\_\_

\_\_\_\_\_

Where was the injured taken (hospital/doctor)?

\_\_\_\_\_

If injury occurred on insured's premises, for what purpose was the injured on the premises?

\_\_\_\_\_

\_\_\_\_\_

Who was responsible for supervision at the time of injury?

\_\_\_\_\_



**CROSSROADS CHURCH**  
**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS**  
**APPENDIX F**

**SUSPECTED ABUSE OR NEGLECT REPORT**

PRIVACY DISCLAIMER: This form should not be shared with co-workers or other volunteers. Submit this form to your immediate supervisor, law enforcement, or other reporting agency. Note that mandatory reporting laws may apply, and you may be required by law to report this information to local authorities.

**YOUR INFORMATION**

Name : \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**INJURED PERSON**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Parents/guardians (if a minor):

\_\_\_\_\_  
\_\_\_\_\_

**SUSPECTED PERPETRATOR**

Unknown / Known

Name: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_



Date: \_\_\_\_\_ Time: \_\_\_\_\_

Did you notify state/local authorities regarding suspected abuse/sexual misconduct?

Yes / No

If yes, list agency name: \_\_\_\_\_

Name of contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Completed by: (Signature) \_\_\_\_\_

Date/Time: \_\_\_\_\_