

**ABUSE PREVENTION DECLARATION
CHURCHES/CHARITABLE ORGANIZATIONS**



NAME OF ORGANIZATION/POLICYHOLDER _____

ADDRESS: _____

PLEASE HAVE AN AUTHORIZED REPRESENTATIVE OF YOUR ORGANIZATION REVIEW THE FOLLOWING DECLARATIONS, MARK THE APPROPRIATE BOX FOR YOUR RESPONSE AND RETURN THE ORIGINAL SIGNED COPY TO ROBERTSON HALL INSURANCE INC. FOR UNDERWRITING REVIEW BY YOUR INSURANCE COMPANY. RETAIN COPY FOR YOUR RECORDS.

DECLARATIONS

A. Our organization has implemented a formal written abuse prevention plan to protect the children, youth and/or vulnerable adults in our care. Yes No

B. Our formal prevention plan contains the following measures:

1. A written statement of policy confirming our organization's commitment to providing
 - a) A safe environment by preventing harm to those in our care,
 - b) protecting our children's and youth ministry workers from false allegations, and
 - c) declaring zero tolerance for abuse, harassment or neglect. Yes No
2. Our prevention plan assists workers by defining physical, sexual and emotional abuse, child neglect, harassment, inappropriate touching and improper discipline. Yes No
3. We screen all staff, board members and volunteers for any position involving work with children, youth or vulnerable adults, including the following:

PLEASE CHECK IF YES	EMPLOYEES/ MINISTERS	VOLUNTEERS
Signed Employee/Volunteer Application (including ministry agreement and release for references and criminal record checks)	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Record Checks (every 3 years)	<input type="checkbox"/>	<input type="checkbox"/>
Background Reference Checks (minimum 2)	<input type="checkbox"/>	<input type="checkbox"/>
Personal Interviews	<input type="checkbox"/>	<input type="checkbox"/>
Minimum 6-month waiting period for volunteers New to your organization prior to eligibility	N/A	<input type="checkbox"/>

4. We have implemented written procedures to prevent abuse and harassment through the following measures:

(PLEASE CHECK IF YES)

- Advance protocol for designated individual(s) to report actual or alleged incidents of abuse to satisfy mandatory legal requirements
- Prohibiting corporal punishment and inappropriate touching, affection or discipline
- "Two adult rule" (unrelated) for off-premises contact with children and youth
- Addressing health, safety and sanitation issues
- Avoiding activities that could easily lead to allegations of abuse or harassment (refer to examples in Abuse Prevention Newsletter on page 5, September 2005 Edition)
- Obtaining parental consent for sponsored off-premises or overnight activities and field trips
- Keeping confidential screening documentation on file indefinitely for all workers

5. We have modified or altered our facilities to prevent or discourage abuse incidents by ensuring the following:

(PLEASE CHECK IF YES)

- “Two-adult rule“, and/or “open door policy” and/or windows in all classrooms and/or designated monitors circulating periodically from room to room, for surveillance and to protect workers against false allegations
- Appropriate design of washroom and shower facilities and adequate supervision of washroom breaks
- Controlled access and parental sign-in/sign-out for nursery facilities
- Parental sign-in/sign-out for children’s programs (under grade 1)
- Adequate lighting inside and outside of building(s) where children’s/youth activities take place

6. We conduct training for all children’s and youth ministry workers to assist them in understanding the issue of abuse, abuse prevention and the legal responsibility to report actual or alleged incidents, including the following:

(PLEASE CHECK IF YES)

- Initial training
- Annual refresher seminar

7. In cases of suspected or alleged abuse, our written reporting procedures include the following:

(PLEASE CHECK IF YES)

- We will immediately complete an incident reporting form
- We will fulfill statutory reporting obligations to child protective agencies or police authorities
- Without admitting legal liability or making public statements prior to obtaining legal counsel, we will assure a compassionate response to the alleged victim and their family
- We will maintain confidentiality for the alleged victim and alleged perpetrator
- We will immediately suspend the alleged perpetrator pending outcome of investigation
- We will consult with a lawyer and will report the incident to our insurance company

I am a director, officer, board member or trustee duly authorized to make representations on behalf of the organization. To the best of my knowledge and after having made reasonable inquiries, I hereby state that all of the declarations contained in this document are accurate and that the organization is in compliance with the provisions of its abuse prevention plan as stated in this document.

DATE

NAME OF AUTHORIZED REPRESENTATIVE (PLEASE PRINT)

TITLE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NOTE: For any boxes left unchecked, please attach a written explanation signed by the authorized representative of the organization. Approval is subject to underwriting review by the Insurer.

REV. (01/11/05)



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