

# Contents and Timeline

Document	Deadline	Needed for	Completed
<b>Complete your Roster</b>	ASAP (no later than one month before arrival)	All who are coming-We need at least a month to confirm we have t-shirt sizes	<input type="checkbox"/>
<b>Verification of Criminal Background Check</b>	ASAP (no later than <b>one month</b> before arrival)	All leaders (18+)	<input type="checkbox"/>
<b>JAARS Child Safeguarding Agreement</b>	ASAP (no later than <b>one month</b> before arrival)	All adults and all leaders (even if they are under 18)	<input type="checkbox"/>
<b>JAARS Child Safeguarding Training video handout</b>	ASAP (no later than <b>one month</b> before arrival)	All adults and all leaders (even if they are under 18)	<input type="checkbox"/>
<b>JAARS Liability Waiver</b>	ASAP (no later than <b>two weeks</b> before arrival)	Everyone	<input type="checkbox"/>
<b>JAARS Medical Release</b>	ASAP (no later than <b>two weeks</b> before arrival)	Everyone	<input type="checkbox"/>
<b>CrossVenture Group Covenant</b>	Due upon arrival	Everyone	<input type="checkbox"/>

Note: There are additional steps to complete. Please see the complete checklist in your Explore Leader's Manual.

# Verification of Completed Criminal Background check

[Date]

Church Name \_\_\_\_\_

This page is to verify that we, the leaders of \_\_\_\_\_,  
(Church/School name)

have done due diligence in insuring the safety of the children in our care by performing a criminal background check on each person over 18 accompanying our under-aged participants to JAARS, NC.

Each individual listed on this page has had their histories checked out **within the past two years** by a certified third party using public records. We the undersigned, attest to the fact that said individuals have been dually vetted and cleared by our leadership

Name of individuals (over 18yrs) accompanying youth to JAARS Mission Adventure.

Name of participating adult	Date of CBC

*Please provide a copy of CBC when possible and with the permission of the person in question.*

Signed this [Day] day of [Month, Year].

\_\_\_\_\_  
*Church/School authoritative representative* *Date*

## Participant/Volunteer Behavior Agreement

I, \_\_\_\_\_ have watched and participated in JAARS Child Safeguarding video instruction. I understand the underlying issues of safeguarding our children and JAARS policies to insure the safety of our children. I assume responsibility to fully comply with JAARS Policy and its associated Standard of Behavior (attached). I understand that I shall face reporting and appropriate disciplinary action up to and including escorting off the property if I violate JAARS' Staff Behavior Standard.

I understand and support JAARS as a faith-based organization that is committed to biblical conduct, moral purity, love and respect for others, integrity, ethical business behavior and legal compliance. I understand that JAARS' goal as an organization is to behave in a way that brings honor to Christ. Further, I understand JAARS recognizes its moral and legal responsibility to provide a work environment that is free from harassment, discrimination, and other unbiblical behaviors.

I have never been the subject of a disciplinary action or dismissal by an employer, church, ministry, non-profit or other volunteer organization following an allegation of inappropriate behavior towards minors (under eighteen years of age). I have reported to the Child Safeguarding Office if I have been the subject of any investigation of such acts by civil authorities, and I have responded openly to any Child Safeguarding Office questions.

I agree to fully cooperate with a JAARS inquiry process should I be approached to provide information related to an inquiry of an alleged breach of the Staff Behavior Standard.

I agree to inform JAARS leadership if I have reason to believe that a person has breached the Staff Behavior Standard in such a way as to harm or potentially harm themselves, others, or JAARS.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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*Job Title - Applies to Mission Teams Only*

### **Staff Behavior Standard** (as described in HR Standards)

**Staff shall behave according to the following statement of behaviors/values.**

The following descriptions of positive behaviors help JAARS staff maintain high standards of ethics and professional conduct:

1. Discernment- effectively diagnosing situations or conditions and making good decisions based on biblical principles
2. Integrity - meeting the highest ethical standards in all professional dealings, thereby ensuring deeds are congruent with biblical principles
3. Trustworthiness - trusting, respecting and supporting one another, and striving to earn the trust of our colleagues and partners
4. Embracing Diversity - learning from and respecting the different cultures in which we work. This includes the different perspectives of our colleagues because of differences in age, gender, and culture
5. Ingenuity - seeking new opportunities and out-of-the-ordinary solutions
6. Partnering with Others - having an unwavering commitment to being a good partner who is focused on building productive, collaborative, trusting and beneficial relationships
7. Protecting People and God's Creation - placing a high priority on the health and safety of my colleagues and protecting the world God created<sup>1</sup>
8. High Performance - being committed to excellence in everything I do and striving to continually improve
9. Responsiveness - being servant-hearted in my response to others
10. Professionalism - acting with professional competence, diligence, and respect, in accordance with laws, rules or applicable regulations and organization policies
11. Fairness - treating others fairly and as I would want to be

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<sup>1</sup> See the following Wycliffe Global Alliance [link](#)

## JAARS SAFEGUARDING BEHAVIOR STANDARD

### Staff reject Unacceptable Behaviors

The following descriptions of unacceptable behaviors, including actions that encourage or support such behaviors, help JAARS staff avoid inappropriate behavior.

1. Behaviors or patterns of behavior against JAARS/SIL:
  - a. Actions contrary to the written policies of SIL
  - b. Endangering the order, harmony, welfare, character or good name of SIL
  - c. Undermining the authority of the SIL leadership
  - d. Untruthful, disrespectful, abusive or destructive communication
  - e. The inappropriate use of social media
  - f. The wrongful use of corporate funds or property
  - g. Illegal, unethical, or dishonest business practices
  - h. The lack of satisfactory work performance
2. Behaviors or patterns of behavior that abuse substances:
  - a. The inappropriate use of alcohol or legal drugs
  - b. The use of illegal drugs
3. Behaviors or patterns of behavior of inappropriate relational activity:
  - a. Repeated and intentional viewing, production or distribution of pornography or child abuse images
  - b. Sexual activity, outside of a marriage relationship between one man and one woman (such as adultery, premarital sexual activity, homosexual activity, incest)
  - c. Indecent exposure
  - d. Bestiality
  - e. Transgender behaviors and/or practices
  - f. Inappropriate emotional dependencies
4. Behaviors or patterns of behavior towards others:
  - a. Conduct that endangers the safety or security of others
  - b. Acts or threats of violence against others or self
  - c. Retaliation against staff who, in good faith, report suspected illegal/improper conduct
  - d. Harassment
    - i. Discriminatory behavior
    - ii. Sexual harassment
    - iii. Personal harassment or bullying
  - e. Child Abuse
    - i. Sexual Abuse
    - ii. Physical Abuse
    - iii. Emotional Abuse
    - iv. Neglect
  - f. Other inappropriate behaviors towards children

# Child Safety Information

JAARS takes protecting children very seriously. In order to comply with our Child Safety Policy, **please make sure you and all adults and all leaders coming with your group have read and filled out the following forms:**

- Child Safety Agreement**
- Verification of Criminal Background Check (CBC Verification) (not for those under 18)**

In order to sign the Child Safety Agreement, you and all leaders (including leaders under 18) coming with your group must **watch our Child Safety Training video**. This is best done as a group allowing time to process the handouts that accompany the video as well as discuss the questions posed by the video.

Here is the information for accessing the video:

**Link:** <https://vimeo.com/491466601>

**Password:** ChildSafety

As you watch, fill out the **video handout** found in your paperwork packet.

Some leaders have found it helpful to have their entire group watch the video. If you do not already have a tool to raise safety awareness for your students, this might be a good starting place.

# JAARS Child Safeguarding Training

Protecting Yourself and Others

## About this Course:

As a group: come up with 4-5 reasons why JAARS is asking you to our child safeguarding course.



participate in

## Goals for this Course:

- Goals for you and your team:
  
- Goals for each child at/or visiting JAARS:

## Biblical Foundation:

**1 Corinthians 12:26,27-** “If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it. Now you are the body of Christ, and each one of you is a part of it.”

**John 13:34-** “A new command I give you: Love one another. As I have loved you, so you must love one another.”

**Romans 15:1-** “We who are strong ought to bear with the failings of the weak and not to please ourselves.”

**Galatians 6:2-** “Bear one another's burdens, and in this way you will fulfill the law of Christ.”

## The Five R's of Child Safeguarding

1. Realize
2. Reduce
3. Recognize
4. Report
5. Respond

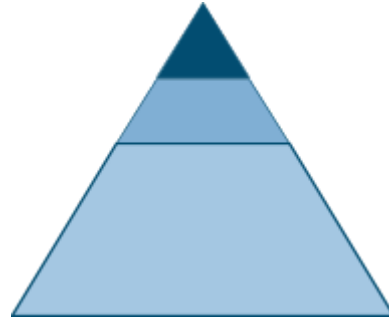


**1. REALIZE** that **IN THE ABSENCE OF SAFEGUARDING**, abuse occurs

- Realize That Abuse Occurs among Christians

- Realize The Levels of Prevention

- Low Risk (*bottom*)
- High Risk (*middle*)
- **Known Risk (*top*)**

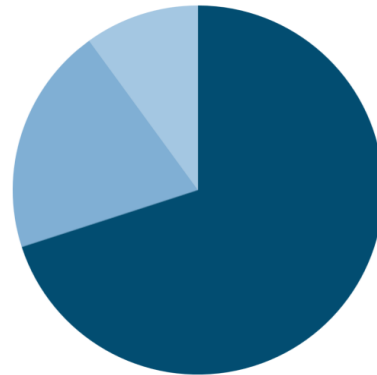


- Realize The Five Kinds of Abuse

- Physical Abuse
- Emotional Abuse
- Neglect
- Sexual Abuse
- Spiritual Abuse

- Realize Who is the Abuser

- 10% Strangers
- 10-30% Family Members
- 60-80% Acquaintances and Family Friends



- Realize What are the Risk Factors

Take 2-5 minutes as a team to list as many risk factors for youth and children as you can.

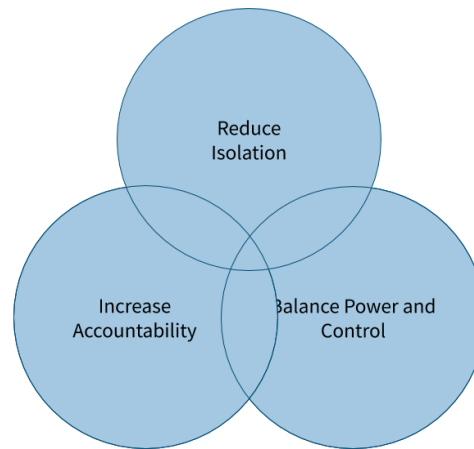
**Note:** Risk factors are conditions or variables associated with a lower likelihood of positive outcomes.



**2. REDUCE** the likelihood of abuse occurring with a stronger focus on prevention and building protective factors in people and environments.

- Reduce risk by following the 6 “**ALWAYS**” statements:

- **ALWAYS** Be Visible
- **ALWAYS** Two, Not Just One
- **ALWAYS** Let Others Know
- **ALWAYS** Balance Power and Control
- **ALWAYS** Treat Youth/Children Equally
- **ALWAYS** Cultivate Healthy Relationships



Take 2-5 minutes to list qualities that make for **healthy** relationships

Discuss ways that you can develop these qualities and ones you listed in your leadership and with your group.

Take 2-5 minutes to list key factors that lead to **unhealthy** relationships

One area that may create great stress in a friendship is breaking trust by breaking the rule of **informed consent**.

**3. RECOGNIZE** when there are indicators that suggest a possible problem which may need more information to find out if a child is healthy, happy, and safe.

**Recognize:** Enabling Factors for Abuse

- if we do not **Reduce Isolation**
- it may lead to a **Potential Victim**.
- Likewise, failing to **Increase Accountability**
- may lead to an **Environment that Enables Access**
- and if we do not **Balance Power and Control**
- it could give power to a **Person Inclined to Abuse**.



What are some steps your group can take to take away one or all of these **enabling factors**?

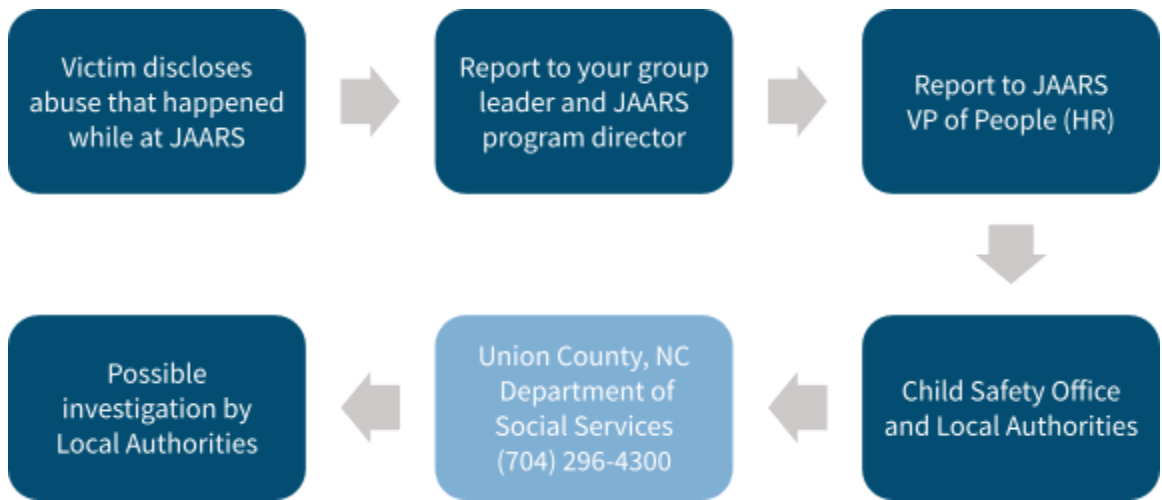
**Recognize:** Warning Signs

<b>Physical Abuse:</b>	<b>Emotional Abuse:</b>
<b>Neglect:</b>	<b>Sexual Abuse:</b>
<b>Spiritual Abuse:</b>	

**4. REPORT:** Warning Signs

Some people see warning signs, but they do not report them. What are some possible reasons why this may be?

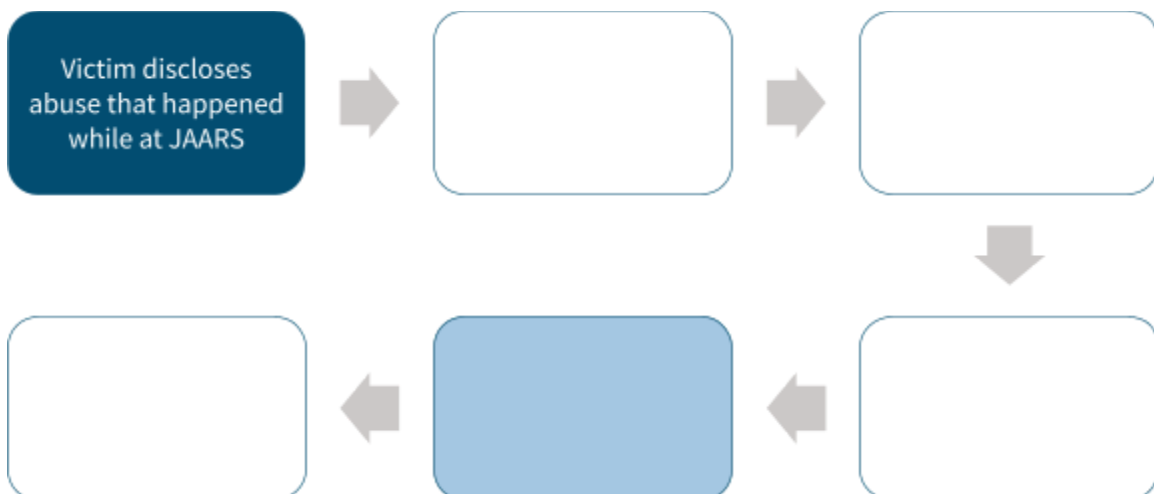
How to **REPORT** if Abuse Occurred on the **JAARS** Campus:



What do you do if a child, youth, or even an adult discloses an abuse that did not occur on the JAARS Campus?

- Review or develop the procedures for your church or organization.

- Some questions to consider are:
  - What is the law for your state and/or county?
  - What local authorities need to get involved?



**5. RESPOND** appropriately if a child or adult talks about possible harm they are experiencing or have experienced.

How to Respond:

- **Listen** with compassion
  
- **Respond** with:
  - “I am very sorry about what happened.”
  - “It is not your fault.”
  - “You have done the right thing to tell me about it.”
  - “I want to help and support you.”
  
- **Explain** what might happen next
  - telling the director
  - getting medical help

*Do not make a promise to a child if you cannot keep it.*

#### **CONCLUSION:**

Where we can, we want to prevent rather than respond.

Remember, JAARS has the goal for each associated child: to be safe, nurtured, and to become all that God created them to be. We want our youth and children to become all they can be in five areas: physical, mental, emotional, social, and spiritual.

As the video ends, please conclude your discussion by reflecting on two things each of you can do to create a healthier community.

1.

2.

# VOLUNTARY RELEASE OF RIGHTS AND WAIVER OF LIABILITY

JAARS, INC. P.O. Box 248, Waxhaw, NC 28173

<i>Official Use Only</i>	
Flight #	_____
Date:	_____
Time:	_____
Aircraft:	_____

**PLEASE READ CAREFULLY! BY SIGNING THIS DOCUMENT, YOU WAIVE AND RELEASE LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE FOR DAMAGES**

**ACTIVITY/PROGRAM:** CROSSVENTURE (“CrossVenture; Mission Team; etc”)

**NAME:** \_\_\_\_\_ (“Participant”)

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mo/day/year)      **WEIGHT (if flying):** \_\_\_\_\_ (pounds)

THIS VOLUNTARY RELEASE OF RIGHTS AND WAIVER OF LIABILITY is executed on \_\_\_\_\_ 20\_\_\_\_, by the participant identified above, and his/her parents/guardians as named above. *Month Date Year*

**I/We, the undersigned**, have been made aware and understand that **participating in any part of the JAARS Activity** (including but not limited to airplane/helicopter rides, off-roading, water/boat activities, off-site as well as on-site, etc.), **carries with it certain inherent dangers, hazards and risks**, including the potential for serious bodily injury or death. These risks include, but are not limited to hazardous, uncertain, or unpredictable wind or weather conditions or other acts of nature, mechanical malfunction or equipment failures with possible defects in design, manufacture or assembly, improper or careless use, negligent actions wholly or partly caused by other third parties beyond the control of JAARS, Inc., accidents caused by a variety of human factors, medical conditions of the participant and/or JAARS personnel, whether any of these conditions, acts or risks are foreseen or unforeseen, contemplated or not contemplated, obvious or hidden, or through omission or commission, negligence or error of any kind. Where the Activity includes overseas travel, these dangers, hazards, and risks include, but are not limited to, accident, disease, war, violence, and political unrest.

**I/We, the undersigned, agree to assume any and all risks of participation** in any part of the JAARS Activity (including but not limited to airplane/helicopter rides, etc.), and freely and voluntarily choose to participate in these activities with full knowledge of these risks.

**THEREFORE**, in consideration of the mutual covenants and conditions contained in this Release, I/we, the undersigned, hereby agree to the following on behalf of myself and any named minors on this document:

- Waiver of Claims: To waive, release and forever discharge any and all claims and liability of any kind whatsoever that I/we may have against JAARS, Inc. and its shareholders, officers, directors, employees, agents, and representatives (all of whom shall hereafter be referred to as the “Releasees”), including but not limited to any claim for damages, relief or compensation by reason of injury, death, property damage or loss of any kind arising out of my participation in **any part of the JAARS Activity** (including but not limited to airplane/helicopter rides, etc.).
- Hold Harmless: To defend, indemnify, and hold harmless the Releasees of and from any and all current or future claims, losses, and liability of any kind including, without limitation, all costs and attorneys’ fees, which arise from or in any way relate to Participant’s taking part in any part of the Activity, even if such loss, damage, injury, or death is the result of negligence on the part of any or all of the Releasees. If the Participant is a minor, the undersigned parent(s)/guardian(s) agrees to indemnify and hold harmless the Releasees from any claims, losses, costs or expenses of any kind, including attorneys’ fees, which Releasees may incur as a result of any lawsuit, claim or demand
- made by said minor against Releasees for any of the Activity contemplated herein, including but not limited to any such lawsuit, claim or demand asserted against Releasees after said minor reaches the age of majority.
- Covenant Not To Sue: To covenant not to sue and agree to never initiate or willingly be a party to any lawsuit, claim, demand, prosecution or action of law for any damages, relief, or compensation by reason of injury, death, damage or loss of any kind whatsoever arising out of my participation in any part of the JAARS Activity, regardless of cause or even if due to negligence on the part of the Releasees.

5. Scope. That this Release shall be effective and fully binding upon the undersigned's heirs, next of kin, executors, administrators, and assigns in the event of death.
6. Severability. If a court of competent jurisdiction should decide that any part of this Release is illegal, or unenforceable, or void as a matter of public policy or otherwise, such a determination shall not affect the validity, or enforceability of the remaining provisions. Specifically, to the extent that it may be determined by a court of competent jurisdiction that a complete release of any legal right referenced herein is illegal, unenforceable or, then I hereby consent to a limitation of liability for any injury, death, damage or loss to no more than \$500,000.00, which damages must be specifically alleged and proved in a court of competent jurisdiction.
7. Choice of Law. This Release shall be governed by and construed under the laws of North Carolina. I/we agree that any legal action or proceeding relating to this Release, or arising out of any injury, death, damage or loss as a result of my participation in any party of the Activity, shall be brought only in the District or Superior Court of Mecklenburg County, North Carolina or the Federal District Court in the Western District of North Carolina.
8. Photo/Video Release. I/we consent to any recording of myself/son/daughter/ward on videotape, film, audio tape, paper, digital medium or otherwise, by JAARS staff, volunteers, or employees. I authorize the use of such recordings for any proper and legitimate promotional purposes by JAARS and/or its partner organizations. I further agree that JAARS may contact me with information and may use my/my child's name, likeness and biography for the purpose of promoting the JAARS and JAARS programs. ***If you wish your photo to not be taken or used, please make this desire known to the photographer/videographer.***

**I/We have been given ample time to read this Release,** and each of the undersigned fully accepts its contents and conditions and agrees to them by signing this Release voluntarily. We are aware that by signing this Release that we are waiving certain legal rights which I or my heirs, next of kin, executors, administrators, and assigned may have against the Releasees.

**PARTICIPANT**

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Printed Name

**PARENT/GUARDIAN**

*Required for participants under 18 years of age*

\_\_\_\_\_  
 Signature Date

ADDRESS (if different from Participant): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**MEDICAL RELEASE FORM**

<b>Filing Use</b>
Group Name: _____
Date: _____

Name \_\_\_\_\_

Birth date \_\_\_\_\_  
Month Day Year

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

In Emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

**Health History:** **Date of last tetanus Vaccine:** \_\_\_\_\_

**Allergies:**

**Other Conditions:**

- Insect Stings
- Poison Ivy, Oak, or Sumac
- Food: \_\_\_\_\_
- Medication: \_\_\_\_\_
- Other Allergies

- Heart
- Diabetes
- Intestinal issues (chronic)
- Respiratory: \_\_\_\_\_  
*Asthma, Bronchitis, frequent colds, etc*

- Ear infections (chronic)
- Epilepsy/Convulsions
- Physical handicap
- Surgeries
- 

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

\_\_\_\_\_

Name and dosage of any medications regularly taken: \_\_\_\_\_

\_\_\_\_\_

Any activity restrictions: \_\_\_\_\_ Yes \_\_\_\_\_ No What restrictions? \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions? \_\_\_\_\_

**Medical Insurance:** Company \_\_\_\_\_ Policy Number \_\_\_\_\_

“In the event that I cannot be reached in an emergency, I hereby give my permission to secure and maintain and medical treatment deemed necessary by JAARS, hospitalization, injection, anesthesia, or surgery for my son or daughter. In doing so, I agree to pay all fees and costs associated with that treatment, including emergency transport.”

Parent or Guardian’s Signature \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

***This release is applicable for all activities that take place during a CrossVenture program.  
It is the parent or guardian's responsibility to make sure the insurance information is current.***

**Release of Medications**

<b>List all prescription medications taken on a regular basis along with related details:</b>		
Name of Medication	Dosage of Medication	Frequency
<b>List all OTC (over-the-counter) medications that you permit your child to take (i.e. Ibuprofen, Tylenol, Benadryl, decongestants, antihistamines, etc.):</b>		

**Medication Policy**

By my below signature, I acknowledge and agree that all medications sent for my child, whether prescription or over-the-counter medications, will be held by the staff member designated by his/her sponsoring church/school who will distribute the medications to my child and that my child is not permitted to hold any medications on his/her person. I understand that JAARS Inc. has no medication responsibility, oversight or liability for my child.

I also acknowledge and agree that any prescribed or over-the-counter medications required to treat any allergies, injuries or other conditions my child may have, as delineated above, may be administered by the designated church/school staff person (including: Ibuprofen, Tylenol, Benadryl, decongestants and/or an EpiPen).

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Date





# Group Covenant

**Group must read and sign this BEFORE arrival!!**

1. I will use respectful language, showing respect to my group members and leaders as well as other people I may meet and interact with.
2. I will put any electronic equipment away upon arrival so that I can better engage with the program, listen to others, and hear from God. This includes, but not limited to: game players, cell/smart phones, mp3 players, etc.
3. I will avoid bringing or using alcohol, tobacco, or nonprescription drugs.
4. I will contribute to keeping myself and others safe physically, emotionally, mentally.
5. I will avoid all inappropriate physical contact with others, and I agree to report any reasonable suspicion or disclosure of inappropriate behavior.
6. I will avoid planning or being involved in pranks during the trip.
7. I will wear modest clothing, including swimsuits and T-shirts, sweatshirts, etc. that have uplifting messaging.
8. I will obey all curfews.
9. I will participate with a good attitude in projects, presentations, and activities.
10. I will cooperate with all the rules and expectations of the JAARS Staff.
11. I will respect the decisions of our leadership team and follow any additional rules or expectations they communicate during the trip.
12. I will look for ways to expand my comfort zone

I AGREE TO HONOR THIS COVENANT. I UNDERSTAND THAT TO BREAK IT  
MAY RESULT IN MY BEING SENT HOME AT MY OR MY FAMILY'S OWN EXPENSE.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

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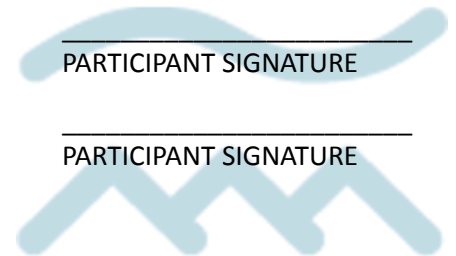
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**LEADERS SIGNATURE**

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PARTICIPANT SIGNATURE

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